

THE ESTATE OF MADISON JODY JENSEN
VS
DUCHESNE COUNTY
Civil No. 2:17-cv-01031

JANA
CLYDE
May 23, 2018

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Jana Clyde
May 23, 2018

IN THE UNITED STATES DISTRICT COURT

DISTRICT OF UTAH, CENTRAL DIVISION

* * *

THE ESTATE OF MADISON JODY :
JENSEN, by her personal : Deposition of:
representative Jared Jensen, :
 : JANA D. CLYDE
Plaintiff, :
 :
vs. :
 :
DUCHESNE COUNTY, a Utah : Civil No. 2:17-cv-01031
governmental entity; DAVID :
BOREN, an individual; JARED : Judge Dale A. Kimball
HARRISON, an individual; JASON:
CURRY, an individual; JANA :
CLYDE, an individual; LOGAN :
CLARK, an individual; and JOHN:
DOES 1-20, :
 : May 23, 2018
Defendants. : 10:05 a.m.

* * *

Held at the
County Administration Building
734 North Center Street
Duchesne, Utah

* * *

Jamie R. Brey
- Registered Professional Reporter -

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Also Present: Jared Jensen
Heather Jensen
David Boren
Jared Rigby
Steve Loos
Tyler Allred

* * *

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Duchesne, Utah
May 23, 2018
10:05 a.m.

P R O C E E D I N G S

JANA D. CLYDE,

called as a witness for and on behalf of the plaintiff,
being first duly sworn, was examined and testified as
follows:

E X A M I N A T I O N

BY MR. HANCEY:

Q. Good morning. My name is Ryan Hancey; I
represent the plaintiffs in this case. Can you start off by
stating your name for the record.

A. Jana Clyde. Jana D. Clyde.

Q. What is your current address?

MR. MYLAR: I'm just going to object. She can
give her work address.

MR. HANCEY: That's fine.

MR. MYLAR: So you can give your work address.

THE WITNESS: I only know the box number. PO
Box 10, Duchesne Sheriff's Office. 84021.

BY MR. HANCEY:

Q. What is your education?

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1 A. I am a LPN, licensed practical nurse.

2 Q. When did you get that certification?

3 A. In May of 2005.

4 Q. From what institution?

5 A. Uintah Basin Applied Technology Center, UBATC.

6 Q. Do you have any other education besides that
7 post high school?

8 A. I was an EMT.

9 Q. Where did you get that certification?

10 A. From Uintah Basin Medical Center. They just
11 had an EMT -- paramedic training.

12 Q. Can you describe briefly what you are able to
13 do medically and how, as opposed to what a registered nurse
14 can do?

15 A. Basically I do whatever the registered nurse
16 tells me to do. I don't get to prescribe, diagnose, assess,
17 anything along those lines. I just get told what to do and,
18 therefore, do it.

19 Q. Now, if you are working as an LPN in a facility
20 that doesn't have an RN on staff, then from whom do you take
21 instruction?

22 A. Uhm, I would use like some -- from the PA Logan
23 Clark or from the doctor, which is Tubbs, those. And also
24 whatever the sheriff's office policies and procedures are in
25 place.

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1 Q. What if they're not around to give you
2 instruction on a particular issue?

3 A. Then I just basically follow policy and
4 procedure. I can't go above and beyond; that would be out of
5 my scope of practice.

6 Q. Is it your position that the policies and
7 procedures constitute assessments of a particular patient?

8 MR. MYLAR: Object to --

9 MS. ABKE: Object to the form. Foundation.

10 MR. MYLAR: Yeah, same objection.

11 MR. HANCEY: You can answer.

12 THE WITNESS: I have never -- no, I don't do
13 assessments on patients. I have questionnaires that I
14 follow, but I myself do not give a personal assessment.

15 BY MR. HANCEY:

16 Q. I guess my question is this. You've told me
17 that you -- with your level of certification, being an LPN,
18 you're not allowed to assess or diagnose patients. Is that
19 correct?

20 A. Correct.

21 Q. And I asked you, well, what would you do if you
22 needed to treat a patient, and Dr. Tubbs or PA Logan isn't
23 around for you to get instruction from, what would you do?
24 You responded, I'd follow policies and procedures. Did I
25 hear you correctly?

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1 A. Yeah, I would follow what I've been -- the
2 policy and procedures that I've been -- that I've known that
3 were -- that I was made aware of to follow, correct.

4 Q. When you say policies and procedures in that
5 context, are you referring to policies and procedures of the
6 jail --

7 A. Yes.

8 Q. -- at the time in question?

9 A. Yes.

10 Q. You're currently employed with the Duchesne
11 County Jail; is that right?

12 A. Duchesne Sheriff's Office, yes.

13 Q. Okay. How long have you been employed there?

14 A. Five years.

15 Q. Where did you work before that?

16 A. Uintah Basin Medical Center -- well, excuse me,
17 Alma Parker's office in a clinic in Vernal.

18 MS. ABKE: Can you say that again?

19 THE WITNESS: Alma Parker.

20 MS. ABKE: Thank you.

21 BY MR. HANCEY:

22 Q. How long did you work for Alma Parker?

23 A. Five months.

24 Q. What about before that?

25 A. I worked for Uintah Basin Medical Center,

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1 Dr. Maready. I was with him and the hospital both. They
2 copaid my wages together.

3 Q. How long did you work at that hospital?

4 A. Well, I started with the hospital in June of
5 2005, and I stayed there until we moved to Vernal for a
6 little bit. That's when I started with Alma Parker.
7 However, my positions there changed for the tenure that I was
8 there. Sometimes I was in different areas of that hospital.

9 Q. Were you ever disciplined at any of those
10 you've just listed?

11 A. No.

12 Q. Have you been disciplined by the jail or by the
13 sheriff's office?

14 A. No.

15 Q. Now, are you related to any jail employees or
16 sheriff's office employees that are there, that are working
17 there right now?

18 A. Maybe you need to define "related." Is this by
19 blood or by marriage?

20 Q. Either.

21 A. Okay. Uhm, the Lieutenant Jeremy Curry is my
22 stepson-in-law.

23 Q. Anybody else?

24 A. At that current time, I don't believe so.

25 Q. What about now?

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1 A. I have a son who is working as a controller.

2 And then, of course, Jeremy Curry is still there.

3 Q. And Lieutenant Jason Curry is Jeremy Curry's
4 brother; is that right?

5 A. Yes. No relation to me.

6 Q. Is your son Monty Clyde?

7 A. No -- well, that's Monty Clyde. He's not
8 employed there at the time. My other son is Justin Clyde.

9 Q. Has Monty Clyde ever been employed by the jail?

10 A. Yes.

11 Q. When was that?

12 A. I believe it was from two years ago until about
13 two months ago.

14 Q. Why did he leave the jail, do you know?

15 THE WITNESS: Is that something we need to get
16 into? Is that relevant to this?

17 MR. MYLAR: Yeah. I'm just going to --
18 actually, I'm going to just ask that that be placed as
19 confidential to the extent you're asking about an employment
20 record of some other individual. That we mark that as
21 private and protected.

22 MR. HANCEY: Oh, I'm not going to agree to
23 that.

24 But you can answer the question.

25 THE WITNESS: I believe he was let go due to

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1 some errors on his time card.

2 BY MR. HANCEY:

3 Q. Describe for me generally what your day-to-day
4 responsibilities at the jail were in 2016.

5 A. Do you want me to just go through how my -- a
6 day works, the schedule?

7 Q. A week.

8 A. A week?

9 Q. Yes.

10 A. That's pretty much just a day. I come in, go
11 into my office. I would gather up any papers that would be
12 put in my box up front, bring them in. Sit down at my
13 computer, scan through those. I would get on the computer
14 and go into a system that I can see if any inmates have put
15 in requests to see medical.

16 I can determine if those, you know, are a nurse
17 issue or need to go on and be referred to PA Logan Clark.
18 And then I would, you know, go on with my med pass for the
19 day and just go on throughout the duties of the day. It
20 ranges from anywhere from, uhm, refilling medications to
21 receiving new medications that might have came in.

22 If I know about new inmates that have came in,
23 if they have any medical issues that I've been made aware of,
24 I would possibly address them. That's pretty much how the
25 day goes. Because we have inmates coming in and out all day.

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1 Q. What was your work schedule in 2016?

2 A. I worked Monday through Thursday, four tens.

3 Q. And for what time each day?

4 A. From 6:30 to 4:30.

5 Q. So 6:30 a.m. to 4:30 p.m., Monday through
6 Thursday?

7 A. Uh-huh.

8 Q. Is that yes?

9 A. Yes.

10 Q. Who handled medical issues on the -- at the
11 jail on the days that you didn't work there?

12 A. The officers, deputies.

13 Q. How would they handle those, do you know?

14 A. Uhm, they are somewhat trained in a few things,
15 vital signs, things like that. Whenever they would obtain
16 that information and stuff, then they would call PA Logan
17 Clark. Sometimes me, but mostly PA Logan Clark because I'd
18 just be a middleman in that situation.

19 Q. Okay. Now I just want to walk through what you
20 told me about an average day at the jail in 2016. Did I hear
21 you correctly that the first thing you would normally do is
22 check your box?

23 A. Yes.

24 Q. Okay. Describe what you mean by your box.

25 A. There's a box up in booking that if there's any

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1 papers that the deputies want me to have, they just put them
2 there.

3 Q. That's the Jana Clyde box?

4 A. It's the nurse box.

5 Q. The nurse box?

6 A. Yep.

7 Q. Okay. What kind of paperwork would be at that
8 box in any given time?

9 A. Uhm, anywhere from mental health assessments to
10 if somebody was on a suicide watch, there's the records of
11 that. You know, who signed, what time, when they saw them.
12 Sometimes I would have booking reports put in there. It's
13 just whatever the officers wanted to put in there for me to
14 have. Sometimes they ended up in the booking files,
15 sometimes they ended up back in medical files.

16 Q. Sometimes what would?

17 A. Any of the paperwork that the officers have.

18 Q. So let's just take one example. A new inmate
19 is booked in?

20 A. Yes.

21 Q. Fills out a mental health questionnaire?

22 A. Yes.

23 Q. Okay. You're telling me that depending on some
24 circumstance, that form could either end up in that inmate's
25 booking file or in your medical file?

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1 A. Correct.

2 Q. And what would those circumstances be to
3 dictate that?

4 A. You'd have --

5 MR. HOMER: Objection. Foundation.

6 THE WITNESS: I was going to say, you'd have to
7 ask an officer --

8 (Court reporter interrupted for clarification.)

9 MR. HOMER: Yeah. And objection, foundation.

10 MR. HANCEY: Just say you don't know if you
11 don't know.

12 THE WITNESS: I don't know.

13 BY MR. HANCEY:

14 Q. So you don't know what would cause an officer
15 who books an inmate in to determine where to put the
16 paperwork?

17 A. No.

18 Q. Are there any jail policies and procedures that
19 you're aware of, ma'am, that would dictate where the
20 paperwork goes?

21 MR. HOMER: Objection. Foundation.

22 THE WITNESS: Not to my knowledge.

23 BY MR. HANCEY:

24 Q. Not to your knowledge. Are you familiar with
25 the policies and procedures the jail had in 2016?

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1 A. No. Not -- not so much as in regards to what
2 the officers' duties are, no.

3 Q. But this is also something that impacts you,
4 because if a medical record doesn't work its way into your
5 box, then I guess there's a chance you wouldn't see it.
6 Would that be correct?

7 A. That would be correct.

8 Q. How would you describe your level of
9 familiarity with the jail policies and procedures that
10 existed in 2016?

11 A. I am only familiar with the ones that are --
12 which would be my duties.

13 Q. And describe for me what policies and
14 procedures you think those are.

15 A. Uhm, in regards to...

16 Q. Your duties.

17 A. That would be to pass meds, uhm.

18 Q. So any policies concerning inmate medications?

19 A. Yes.

20 Q. What else?

21 A. Policies regarding a suicide.

22 Q. What else?

23 A. Uhm, any requests from -- like if the doctor
24 has ordered daily vital signs for any reasons, I do those.

25 Q. Is that a -- was that a written policy in 2016?

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1 A. I have no idea.

2 Q. Well, my question is about what policies and
3 procedures that relate your job duties you're familiar with
4 as of 2016.

5 A. Uhm, that's kind of a broad question for me.
6 I'm sure there's a lot. In regards to -- if you could tell
7 me, I could tell you what I had knowledge of about policies
8 and procedures.

9 Q. Fair enough. We'll get to that, then, in a
10 second.

11 A. Okay.

12 Q. In 2016, if you had a question about a jail
13 policy or procedure, where would you go to find an answer to
14 your question?

15 A. I would generally go to my sergeants or a
16 lieutenant.

17 Q. Would you consult a policy and procedures
18 manual?

19 A. No.

20 Q. Why not?

21 A. Because I would go to my sergeants or
22 lieutenant.

23 Q. Did you have access to a written policy and
24 procedures manual in 2016?

25 A. I'm sure I did.

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1 Q. Do you know if the County provided you with
2 one --

3 A. No.

4 Q. -- when you were hired on?

5 A. No.

6 Q. No, you didn't receive one? Or, no, you don't
7 know?

8 A. No, I did not receive a policies and procedures
9 manual.

10 Q. Did you ever receive one between the time you
11 were hired and the time of the incident in 2016?

12 A. No.

13 Q. Do you know whether or not in 2016 the jail had
14 any unwritten policies and procedures or customs concerning
15 inmate care?

16 MR. HOMER: Objection. Foundation.

17 MR. MYLAR: Also objection, vague.

18 MR. HANCEY: You can answer.

19 THE WITNESS: I'm sure they did, but that's,
20 uhm -- it would depend on in what regards, I mean...

21 MR. HANCEY: Well, I don't know what regard.

22 THE WITNESS: To a certain subject?

23 MR. HANCEY: Okay.

24 BY MR. HANCEY:

25 Q. Well, your responsibilities in 2016 were over

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1 inmate care. Right?

2 A. Yes.

3 Q. You've told me you think that there were some
4 written policies and procedures that would dictate aspects of
5 your responsibilities in that regard. Correct?

6 A. Correct.

7 Q. Okay. My next question is, were there any
8 unwritten policies or procedures that dictated how you would
9 administer care to inmates back in 2016?

10 MR. HOMER: Objection. Foundation.

11 MR. HANCEY: You can answer.

12 THE WITNESS: Uhm, yes. I mean, there was
13 things that we did, that I did that I honestly never saw a
14 policy or procedure on.

15 BY MR. HANCEY:

16 Q. Give me some examples of those things.

17 A. Okay. I'm sure this is where this question is
18 going, but it would be regarding to if I felt somebody needed
19 Gatorade, I would give it. That is not a policy or
20 procedure, it was just something I did.

21 Q. Okay. What else?

22 A. Uhm, if an inmate was complaining of something,
23 such as in this situation, nausea, vomiting, diarrhea, uhm,
24 our policy -- mine was to save it so I can see it. I don't
25 know if that's a policy and procedure, but that is something

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1 I held to. Because so many inmates come in with issues.

2 Q. Can you think of anything else?

3 A. No. I mean, if an inmate needed me to check a
4 blood pressure because they felt something, I would do it. I
5 don't know if that is policy and procedure. I --

6 Q. If an inmate asked you to take their blood
7 pressure?

8 A. Uh-huh, yeah. If they said, I'm not feeling
9 good; do you think you could check my blood pressure? I'd do
10 it. That's why I'm saying I don't know policies and
11 procedures along those lines; that was just the care I gave.

12 Q. Can you think of anything else that you might
13 have done for which you're not sure whether there was a
14 policy?

15 A. No.

16 Q. You mentioned -- when I was asking about
17 unwritten policies, you mentioned that at least it was your
18 practice to give Gatorade to patients that you felt needed
19 it. Is that right?

20 A. I don't -- did not say "felt needed," I don't
21 believe. Uhm, when they stated that they were having certain
22 symptoms, I would.

23 Q. Did anybody prior to November 2016 instruct you
24 to do that?

25 A. It was just something they did when they

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1 came -- when I started that job. So there was that unwritten
2 procedure that you've talked about, yes, the officers
3 practiced that before I came also.

4 Q. Do you know if your -- was there a predecessor
5 nurse?

6 A. No.

7 Q. Okay.

8 You also mentioned it was at least your
9 practice, Ms. Clyde, to -- when you learned that an inmate,
10 perhaps, was suffering from vomiting or diarrhea, something
11 similar, you would ask them to save evidence of that vomit or
12 diarrhea for you to see. Is that right?

13 A. That's correct.

14 Q. Is that something that you were instructed to
15 do at any time prior to November 2016?

16 A. It was a general practice of the facility.
17 Because we would often get inmates complaining of that, and
18 then you -- there would be no evidence to support their
19 claims.

20 Q. When you say it was a general practice, do you
21 mean that it was something, to your understanding, officers
22 would do prior to your being hired there?

23 A. Yes. They taught me to do that.

24 Q. The officers did?

25 A. When I got trained, uh-huh. They said that

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1 that's one of the things that they did.

2 Q. The purpose being to weed out people who might
3 be...

4 A. Telling stories.

5 Q. Telling stories about their symptoms. Right?

6 A. Yes.

7 Q. Did you receive any training at all about what
8 responsibilities you would be undertaking upon becoming the
9 nurse for the facility at the time of your hire?

10 A. I believe at the time of my hire, they knew
11 what I did as an LPN, and so, no, I -- they did not train me
12 before I started that job.

13 Q. You were expected to bring with you your
14 existing LPN knowledge and experience. Is that right?

15 A. Correct.

16 Q. Did you receive any training from the time that
17 you were hired at the jail until November 2016, training of
18 any kind?

19 A. There is statewide medical meetings that we go
20 to. I don't necessarily -- would call them training. As in
21 we would discuss topics that were happening on Capitol Hill,
22 what's going on in other jails. It was more of a discussion
23 than trainings.

24 Q. Anything else?

25 A. Uhm, I went to the sheriff's convention once.

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1 Medical was lacking down there that first convention I went
2 to. It was more on how to bill for Medicaid, Medicare, those
3 type of situations, so pretty much didn't involve me in that
4 situation.

5 The second time I went down, we had some
6 training on EKGs, which we do not have at our facility. So
7 most of these things were above and beyond what we do at our
8 facility. They were more geared to jails and prisons that
9 have actual infirmaries.

10 Q. Infirmaries?

11 A. Yes.

12 Q. And either doctors or registered nurses?

13 A. Yes. Full-time staff.

14 Q. From the time you were hired until November
15 2016, do you recall receiving any training on jail policies
16 and procedures?

17 A. No.

18 Q. Now, you're aware of the circumstances
19 surrounding the death of Madison Jensen at the jail on
20 December 1st, 2016. Correct?

21 A. Yes.

22 Q. Based on your understanding of the jail's
23 policies and procedures that existed at that time, which
24 policies do you believe applied in any way to Madison's
25 incarceration?

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1 MR. MYLAR: Objection. Vagueness and lack of
2 foundation.

3 MS. ABKE: Join.

4 MR. HANCEY: You can answer.

5 THE WITNESS: We had no policies and procedures
6 in regards to this set in place at that time.

7 BY MR. HANCEY:

8 Q. Did you understand my question? I'm talking
9 about policies and procedures relating to how a patient like
10 Madison Jensen could and should be treated at that time.

11 A. Medically or by overall?

12 Q. Medically.

13 A. Medically? No, there was no policies and
14 procedures in place that I am aware of.

15 Q. I think my other questions have already covered
16 this, but I'm going to ask it anyway. As of November 2016,
17 did the jail, to your knowledge, have a opiate withdrawal
18 policy?

19 A. No.

20 MR. HOMER: Objection. Foundation.

21 MR. HANCEY: I'll ask a similar question.

22 BY MR. HANCEY:

23 Q. If there was an opiate withdrawal policy in
24 place as of November 2016, were you aware of it?

25 MR. MYLAR: Objection. Calls for speculation

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1 and lack of foundation.

2 MS. ABKE: Join.

3 MR. HOMER: Join.

4 MR. HANCEY: You can answer.

5 THE WITNESS: No.

6 BY MR. HANCEY:

7 Q. And you've already stated that if there was
8 such a policy in place, you didn't receive any training on it
9 as of November 2016. Correct?

10 A. Correct.

11 (Off-the-record discussion)

12 (Whereupon, Exhibit No. 38 was marked for
13 identification.)

14 BY MR. HANCEY:

15 Q. Ms. Clyde, you've been handed what has been
16 marked as Exhibit No. 38. Could I please direct your
17 attention to the sixth page, please? You'll know you're on
18 the right page if, at the bottom, you see the words
19 Interrogatory No. 6 in bold.

20 A. Okay.

21 Q. Okay. Are you there?

22 A. Uh-huh.

23 Q. Let me direct your attention to a couple of
24 sentences at the bottom of the last large paragraph. Now,
25 this, just so you know, is a statement that Logan Clark has

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1 made in the course of discovery in this case. He says this:
2 "Defendant," meaning Logan Clark, "has also provided
3 instruction and direction as to what jail staff should do in
4 the event of an inmate exhibiting or complaining of signs,
5 symptoms of opiate withdrawal. This instruction was provided
6 at the Duchesne County Jail in or about 2014."

7 Did I read that correctly?

8 A. Yes.

9 Q. Do you agree or disagree with what I just read?

10 A. Both.

11 Q. Tell me what you mean by that.

12 A. Uhm, I had seen these forms before, but we did
13 not use them in -- they were not put into policy and
14 procedures.

15 Q. Are you talking about a physical written form
16 that Logan Clark provided to the jail?

17 A. When I seen these, he said that we would be
18 using them at some point. But they were not instated at that
19 time, no.

20 Q. Have they been since?

21 A. Since when?

22 Q. Since the incident.

23 A. Yes, they were instated about a month and a
24 half after the incident, I believe.

25 Q. Logan Clark's recommendations on what to do?

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1 A. Yes.

2 Q. What do you remember about what Logan Clark
3 provided the jail in 2014?

4 A. I honestly don't remember. I do -- I don't
5 know if this was the exact date. I do remember at one point,
6 he said there is some score sheets that we'll be eventually
7 using and stuff, but they were not -- like I said, he did not
8 say, Use these, this is our policy now, this is what we're
9 doing.

10 (Whereupon, Exhibit No. 39 was marked for
11 identification.)

12 BY MR. HANCEY:

13 Q. Okay. Ms. Clyde, you've been handed what's
14 been marked as Exhibit No. 39. Do you recognize that
15 document?

16 A. Yes, I do.

17 Q. What do you recognize it as?

18 A. As the opiate withdrawal.

19 Q. Policy. Right?

20 A. Well, it says Duchesne County Jail opiate
21 withdrawals.

22 Q. Where have you seen this before?

23 A. This was given to us.

24 Q. By whom?

25 A. Logan Clark.

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1 Q. When?

2 A. To the best of my knowledge, January of 2017.

3 Q. So your recollection is that you were provided
4 this Exhibit 39 by Mr. Clark after Madison had passed away?

5 A. Correct.

6 Q. Prior to November 2016, Ms. Clyde, do you
7 remember or do you recall getting any instruction or
8 direction from either Dr. Tubbs or PA Clark about what to do
9 when you were faced with an inmate that was suffering from
10 vomiting or diarrhea or possibly dehydration?

11 A. Outside of giving Gatorade, no.

12 MR. HANCEY: This is 40.

13 (Whereupon, Exhibit No. 40 was marked for
14 identification.)

15 BY MR. HANCEY:

16 Q. Okay. Ms. Clyde, you've been handed what's
17 been marked as Exhibit 40.

18 A. Okay.

19 Q. And I'll represent to you that this is your
20 responses to the written discovery requests that we've
21 provided to you in this case. Do you recall answering these
22 questions?

23 A. Uhm, through my lawyer, yes.

24 Q. Do you recall participating in any way on how
25 these were responded? In other words, did you provide the

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1 information used to answer these questions?

2 A. Part of them, yes.

3 Q. Okay. Let me direct your attention to Page 2.

4 In this first interrogatory, I asked you a question about
5 your training and education. Let me just direct your
6 attention down to the last line of your answer there. One of
7 the trainings that you identified in your answer here is
8 withdrawal protocol with a date of September 20th, 2016. Do
9 you see that?

10 A. I do.

11 Q. Is that a training that you received on that
12 date?

13 A. That was at the sheriff's convention, and once
14 again, as I state, that was geared more towards the policies
15 and procedures of those facilities that have 24-hour
16 infirmary care for inmates. It was more of a discussion than
17 a training.

18 Q. Thanks for that clarification.

19 A. Uh-huh.

20 (Whereupon, Exhibit No. 34 was marked for
21 identification.)

22 BY MR. HANCEY:

23 Q. Ms. Clyde, you've been handed what's been
24 marked as Exhibit No. 34. Let me have you flip through those
25 pages, and then I'll ask you a series of questions about this

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1 exhibit.

2 MR. HOMER: Ryan, what's the exhibit number?

3 MR. MYLAR: 34.

4 MR. HANCEY: 34.

5 THE WITNESS: Okay.

6 BY MR. HANCEY:

7 Q. Now, in discovery in this case, I asked the
8 County to produce records concerning your training, and this
9 is what I received. My question to you is whether or not
10 Exhibit 34, to the best of your recollection, constitutes the
11 totality of your training received for the years 2015, '16
12 and '17. And '18.

13 A. The year '18?

14 Q. Two thousand -- 2015 through 2018.

15 A. Yeah. To the best of my knowledge, yes.

16 Q. What I noticed is absent in this exhibit is any
17 reference to training that you might have received in the
18 calendar year 2016.

19 A. Okay.

20 Q. Is that because you didn't receive any training
21 at all that year?

22 A. Uhm, I have no --

23 (Whereupon, Mr. Steve Loos left the deposition
24 proceedings.)

25 THE WITNESS: I have no knowledge.

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1 BY MR. HANCEY:

2 Q. You don't remember one way or the other?

3 A. No, huh-uh.

4 (Whereupon, Ms. Heather Jensen left the
5 deposition proceedings.)

6 BY MR. HANCEY:

7 Q. Do you have any reason, as we sit here today,
8 to dispute the completeness of this training record?

9 A. Uhm, possibly. What do you consider training,
10 I guess, is what I need to define? I mean, we would have
11 meetings, the sheriff's office all together. Sometimes we'd
12 go over, you know, some of the things going on which would
13 involve medical a little bit. So is that training?

14 Q. Did you receive instruction on how to do your
15 job in those meetings?

16 A. We all did, yes.

17 Q. Okay. What kind of instruction would you
18 receive?

19 A. If things had changed, if they were changing
20 anything, uhm, yeah. I mean, just -- it was sometimes just a
21 refresher course of how things should be done to follow up.
22 And, you know, they were following up to see that things were
23 being done as expected.

24 Q. Per policy?

25 A. I would assume, yes.

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1 Q. In any of those meetings that you've just
2 described, did you receive instruction on how to handle
3 patients that were manifesting symptoms of vomiting, diarrhea
4 or dehydration?

5 A. No.

6 Q. Is that a no?

7 A. No.

8 Q. Thank you.

9 (Whereupon, Mr. Steve Loos returned to the
10 deposition proceedings.)

11 BY MR. HANCEY:

12 Q. Now, I understand that you're not a booking
13 officer, but can you please describe for me your
14 understanding of the process in place in 2016 by which a new
15 inmate would be booked into the facility?

16 MR. MYLAR: Objection. Lack of foundation and
17 vagueness.

18 MR. HOMER: Objection. Foundation.

19 MR. HANCEY: You can answer.

20 THE WITNESS: Well, as you said, I'm not a
21 booking.

22 BY MR. HANCEY:

23 Q. Right.

24 A. And I've never booked anyone in. I have been
25 in the vicinity when somebody is booked in. They ask them a

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1 range of questions. The inmates answer yes or no. They're
2 booked in.

3 Q. Have you ever seen firsthand a new inmate being
4 booked in?

5 A. Not through totality, no.

6 Q. Do you know what forms an inmate was required
7 to fill out upon booking in 2016?

8 A. Are you referring to medical forms?

9 Q. Yes.

10 A. Uhm, they -- they were not required to fill out
11 any medical forms unless there was a flag, something flagged
12 on the booking form. I don't know how that works. And then
13 they would be asked to fill something out. Sometimes it was
14 the Mental Health 1 and 2. Those are the only two forms that
15 I have knowledge of.

16 MR. HANCEY: This is Exhibit 2.

17 (Whereupon, Exhibit No. 2 was marked for
18 identification.)

19 BY MR. HANCEY:

20 Q. You've been handed what's been marked as
21 Exhibit 2. Do you recognize what that is?

22 A. No.

23 Q. It's a document called Pre-booking Form. Do
24 you see that?

25 A. Uh-huh.

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1 Q. Is that a yes?

2 A. Yes, I do.

3 Q. Have you ever seen, before today, a prebooking
4 form for the Duchesne County Jail?

5 A. No.

6 Q. Have you ever seen, before today, the
7 prebooking form for Madison Jensen?

8 A. No.

9 Q. So this is the first time you've ever seen this
10 document I just handed you?

11 A. Okay, let me clarify.

12 Q. Okay.

13 A. Outside of my civil case. I have not seen this
14 prior to my other lawyer having this.

15 Q. All right. Thank you for the clarification.

16 Now, I take it, then, you wouldn't know the
17 circumstances under which one of these forms would be filled
18 out for a new inmate. Is that right?

19 A. That's right.

20 Q. Okay. Let me direct your attention to No. 3
21 there in kind of the middle of the page. There's a question
22 on this form that says, "Are you under the influence or going
23 through withdrawals from drugs or alcohol," and a place for
24 whoever is filling this out to answer yes or no. Do you see
25 that?

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1 A. Yes.

2 Q. Do you know whether or not this question is one
3 of the flags that would then trigger, by policy, an inmate
4 filling out additional medical forms?

5 A. I have no idea. This is filled out by an
6 officer, not a deputy back in our jail. This is from the
7 arresting officer.

8 Q. Okay. Do you know where the arresting officer
9 would get the information to fill out this form?

10 A. No.

11 MR. MYLAR: Objection. Lack of foundation.

12 MR. HANCEY: Okay.

13 (Whereupon, Exhibit No. 3 was marked for
14 identification.)

15 BY MR. HANCEY:

16 Q. You've been handed what's been marked as
17 Exhibit 3. Do you recognize that document?

18 A. Yes.

19 Q. And what is it?

20 A. It's a booking document.

21 Q. Does this particular document have -- go by a
22 certain name within the jail?

23 A. It says Inmate Intake Question/Responses.

24 Q. I have seen references in materials in this
25 case to a medical intake form. Would you construe this as a

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1 medical intake form?

2 A. Uhm, I guess so. It has medical questions on
3 it.

4 Q. Do you know the circumstances under which a
5 document like Exhibit No. 3 would be filled out?

6 A. I believe everyone fills it out that's booked
7 in. I believe. I'm not sure.

8 Q. Is that something that you have any
9 responsibility over?

10 A. No.

11 Q. Is this form something that you've seen in your
12 box before?

13 A. Yes.

14 Q. And the same would be true in 2016, I assume?

15 A. Sometimes.

16 Q. Okay.

17 A. Sometimes they made it to my box.

18 Q. And I think you've already testified that you
19 wouldn't know in 2016 what would make a correctional officer
20 put this -- put a form like Exhibit 3 in your box as opposed
21 to somewhere else. Is that right?

22 A. That's right.

23 Q. What was your practice in 2016 when you came in
24 the morning and you saw one of these Exhibit 3 forms in your
25 box?

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1 A. I would read through the form. Familiarize
2 myself with the patient.

3 Q. And then what?

4 A. Pretty much, that's it.

5 Q. Where would you put the form?

6 A. In their medical chart.

7 (Whereupon, Ms. Heather Jensen returned to the
8 deposition proceedings.)

9 BY MR. HANCEY:

10 Q. Would you create a medical file for each inmate
11 in the jail in 2016?

12 A. No.

13 Q. Would you create a medical file during that
14 time period for some inmates?

15 A. Correct.

16 Q. And what would determine whether you created a
17 medical file for an inmate or not?

18 A. If they had medical issues.

19 Q. How would you know if they had medical issues?

20 A. Uhm, from this form or from a request to see
21 the doctor or medication sheets, anything to do with those.
22 Progress notes from the doctor.

23 Q. Are you aware of what the jail -- of whether
24 there were any jail policies and procedures concerning what
25 to do with the forms like we see in Exhibit 3?

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1 A. No.

2 Q. Prior to November 2016, had you received any
3 training relating to the Exhibit 3 form?

4 A. No.

5 Q. Look at the third question that's asked on
6 Exhibit 3. Now, you understand that this is the actual --
7 I'll call it medical intake form for Madison Jensen. Right?

8 A. Correct.

9 Q. Okay. Let me ask you this: Had you ever seen
10 this particular Madison Jensen medical intake form prior to
11 litigation?

12 A. Yes.

13 Q. When did you first see it?

14 A. After the death of Madison Jensen, I printed
15 off things that were asked to be put into the file to give to
16 Uintah County, the investigators.

17 Q. How did you go about the -- describe the
18 process by which you were able to print this form off.

19 A. I went into Madison's records on our computer
20 system and found where to print this off at and printed it.

21 Q. Do you know how an electronic copy of an
22 Exhibit 3 form would make its way into the jail computer?

23 A. No. I mean, they asked these questions from a
24 computer. So I assume they answer them there, and I don't
25 know. Like I say, I do not book them in.

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1 Q. Let me direct your attention to the third
2 question on this Exhibit 3. It says, "Are you having any
3 withdrawals from drugs or alcohol?" Right?

4 A. Correct.

5 Q. And over to the left, the answer provided is
6 yes.

7 A. Correct.

8 Q. Are you taking the position that you didn't see
9 either that question or that answer prior to Madison's death?

10 A. Correct.

11 Q. A few lines down, there's another question that
12 says, "What is your drug of choice?" And you can see that it
13 says yes, and then underneath it says heroin. Right?

14 A. Correct.

15 Q. Same question. Did you see that question or
16 answer at any time prior to Madison's death?

17 A. No.

18 Q. If you had seen those questions and answers
19 prior to her death, would how you treated or cared for
20 Madison Jensen changed in any way?

21 A. No. I believe that we were treating her just
22 the same way. Gatorade is treating diarrhea and vomiting.

23 Q. And that was based on your training and
24 experience at the time of the incident. Correct?

25 A. Correct.

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1 MR. HANCEY: This is Exhibit 6.

2 (Whereupon, Exhibit No. 6 was marked for
3 identification.)

4 BY MR. HANCEY:

5 Q. Before you look at that new exhibit, Ms. Clyde,
6 let me have you look one more time at Exhibit 3. I want to
7 ask you if you recognize the signature in the bottom
8 left-hand corner.

9 A. No. It's unrecognizable to me.

10 Q. Okay. Very good.

11 Let me have you look at Exhibit 6. Do you
12 recognize Exhibit 6?

13 A. Yes.

14 Q. What is that?

15 A. It is the mental health questionnaire.

16 Q. For Madison Jensen. Right?

17 A. Correct.

18 Q. Now, I think you mentioned earlier something
19 about mental health questionnaires 1 and 2. Did I hear you
20 correctly?

21 A. Correct.

22 Q. What did you mean by that distinction?

23 A. Well, we have a medical health questionnaire 1,
24 questionnaire 2.

25 Q. Is Exhibit 6 1 or 2 or both?

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1 A. It is -- let's look and see.

2 It is just the MH 1.

3 Q. What do you understand to be the difference
4 between forms 1 and 2?

5 A. One is when the person fills it out. And 2, we
6 have them fill it out if they're suicidal.

7 Q. If they're expressing suicidal thoughts at the
8 moment of filling out the form?

9 A. We ask them, Are you suicidal, do you want to
10 hurt yourself? Then if they say yes, then it goes on. I,
11 once again, do not have them fill this out. This is done up
12 in booking. So this is not filled out by me. So that is
13 my -- what I assume is how that works.

14 Q. Do you know if every mental health
15 questionnaire for a booked inmate goes into your box?

16 A. No.

17 Q. No, it doesn't? Or, no, you don't know?

18 A. No, it doesn't.

19 Q. As of November 2016, are you aware of any
20 policies or procedures relating to the Exhibit 6 form?

21 A. No.

22 Q. In November 2016, what was your practice,
23 Ms. Clyde, upon receiving a form like Exhibit 6 in your box?

24 A. If I would have received this in my box, I
25 would look through it. I'd see what was up, what medications

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1 they were on. It would already have been determined by
2 whoever booked them in if they needed to fill out the MH 1 --
3 or I mean the MH 2. They would decide if they were suicidal.
4 So this, basically I look at it, and then I would put it into
5 their medical file and have the doctor review it when he
6 comes.

7 Q. Do you know if an Exhibit 6 form like this one
8 is filled out by an officer or the inmate?

9 A. It is handed to the inmate for them to fill
10 out.

11 Q. Now, underneath Madison Jensen's name at the
12 top there, there's a box checked next to inmate completion
13 and another box checked next to observation by jail staff.
14 Am I to take it, then, that this form would have been filled
15 out by Madison herself while being watched by a correctional
16 officer?

17 A. That's what this implies, correct.

18 Q. This Exhibit 6 form is a mechanism for the
19 inmate to inform the jail of any mental health conditions
20 they might have. Correct?

21 A. Correct.

22 Q. Their psychiatric history. Right?

23 A. Correct.

24 Q. As well as their history of illicit drug use?

25 A. Correct.

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1 Q. Back in 2016, Ms. Clyde, would your -- if you
2 had seen Exhibit 6 and noted that Madison had an illicit drug
3 history of heroin, marijuana, pills and meth, would your care
4 of her changed in any way?

5 A. No.

6 Q. Again, because of the training and experience
7 that you possessed at the time of the incident?

8 A. Correct.

9 Q. Do you recall reviewing the Exhibit 6 form at
10 any time prior to Madison's death?

11 A. I don't remember. Sorry, no knowledge.

12 Q. Do you recall whether or not you asked Madison
13 about the illicit drug history information in her Exhibit 6
14 form?

15 A. Not in regard to this, no. I did ask her about
16 her drug history.

17 Q. We're going to get to that in a little bit.

18 A. Okay.

19 Q. Now, you've told me, Ms. Clyde, that in 2016,
20 sometimes an inmate's medical intake form would be put in
21 your box and sometimes it wouldn't, and the same for their
22 mental health questionnaire. Is that correct?

23 A. Correct.

24 Q. My question to you is, if you learned back in
25 2016 that there was an inmate being housed at the jail for

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1 which you had not seen either a medical intake form or a
2 mental health questionnaire, would you take any steps to try
3 to track down those documents?

4 A. Not unless it was, uhm, brought to my attention
5 of a medical issue.

6 Q. And let's say that somebody came to you and
7 alerted you that an inmate for which you had not seen either
8 of those documents I just referenced was, in fact, having a
9 medical issue, then what would you do?

10 A. I usually just treat the inmate for their
11 medical issue. We have them brought down. I don't usually
12 go about hunting down forms. The inmate is going to be your
13 best reference.

14 Q. Now, you told me earlier that you would create
15 a medical file for some of the inmates. Right?

16 A. Correct.

17 Q. And tell me what the -- what would be -- what
18 would determine whether or not you created a medical file for
19 an inmate or not back in 2016?

20 A. If they had been seen by PA Logan Clark, if
21 they were taking medications, if they had any paperwork come
22 in from the hospital, anything that would -- was medical. We
23 often call -- have to call hospitals where patients were seen
24 to see how to treat their broken arm, how to -- you know.

25 Q. You did create a medical file for Madison

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1 Jensen. Right?

2 A. The morning of her death. Well, actually,
3 excuse me, the night before, when I prepared the inmates that
4 were going to be seeing Logan Clark the next day.

5 Q. Okay. So the afternoon of Wednesday, November
6 30th, before you left for the day?

7 A. Yes.

8 Q. When you say that you created a medical file at
9 that time, help me understand what it is that you did.

10 A. I just pulled out an envelope, a file. I put
11 Madison's request, attached it to that. So that that would
12 create the -- the -- Logan's appointment, that's actually,
13 you know, like how we would schedule an appointment for PA
14 Logan Clark to see them.

15 Q. Okay. So if I understand correctly, then, you
16 took an empty folder --

17 A. Correct.

18 Q. -- wrote Madison's name on it?

19 A. And birth date.

20 Q. And birth date. And then put her medical
21 request form in it?

22 A. Yeah. Well, on top of it.

23 Q. On top of it?

24 A. Uh-huh.

25 Q. Anything else?

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1 A. At that time, no.

2 Q. And then later after she passed away, I believe
3 you told me at that time you printed off her medical intake
4 form and her mental health questionnaire?

5 A. I went to booking and tracked down the mental
6 health form, and I printed off the booking form. Uintah
7 County had requested that they have any of that information.

8 Q. And you put those in the same medical file?

9 A. Correct.

10 Q. Help me understand just one thing you said
11 earlier. I believe you mentioned when I asked you what
12 criteria you would use to determine whether or not to open a
13 medical file for an inmate, you said one of those criteria
14 was if the inmate was taking medications. Right?

15 A. Correct.

16 Q. Okay.

17 A. But that is after the medical -- the inmate has
18 left or another month has started, then that medication file
19 then goes into their medical chart. So it would not need to
20 be created prior to that. Because we would have nothing to
21 put in it.

22 Q. So the mere fact that, say, in this instance,
23 Madison had been prescribed clonidine early in her
24 incarceration, that would not be in and of itself a basis for
25 you to create a medical file?

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1 A. No. Not until that paper would be taken out of
2 the file where we record. That is due to them leaving the
3 jail or a new month beginning, because it is recorded by
4 month.

5 Q. How would you determine whether a new inmate
6 needed prescription medications in 2016?

7 A. They either come in with prescription
8 medications or they report to me that they're on medications
9 or the PA Logan Clark prescribes medications.

10 Q. Are you aware of any policy or procedure that
11 existed in 2016 concerning the dispensing or prescribing of
12 medications to inmates?

13 A. Once again, I don't prescribe. That would be
14 done through PA Logan Clark; he's the only one who can
15 prescribe medications once the inmate is incarcerated.
16 Dispensing medications, as in how I give them?

17 Q. Yes.

18 A. We have, uhm -- at that time, we had
19 four-times-a-day med call. The inmates would come down to
20 the med room, would receive their medication. We would chart
21 it. They would take it. We would check to make sure that
22 their mouths were clean and clear. They would go back.

23 Q. Do you understand that Madison was booked into
24 the jail on Sunday, November 27th, 2016?

25 A. Yes.

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1 Q. You were not working that day. Correct?

2 A. No. I was not.

3 MR. HANCEY: 37.

4 (Whereupon, Exhibit No. 37 was marked for
5 identification.)

6 BY MR. HANCEY:

7 Q. Okay. Ms. Clyde, you've been handed what's
8 been marked as Exhibit No. 37.

9 A. Okay.

10 Q. These are a second part of your answers to the
11 discovery requests that I sent out in this case called
12 Requests For Admission. Do you know if you participated at
13 all in the responding to these requests?

14 A. Yes.

15 Q. Okay. Let me direct your attention to Request
16 for Admission No. 17. It's a few pages back. I think it's
17 Page 5.

18 A. Okay.

19 Q. In your answer to that request, you say this:
20 "Admit," meaning you admit, "that Jana Clyde observed
21 defendant" -- I think you meant Madison, but you can tell me
22 if I'm wrong -- "each day she was at work during Ms. Jensen's
23 incarceration from November 28th, 2016, to December 1st,
24 2016."

25 Do you see that?

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1 A. Yes.

2 Q. By "defendant" there, do you think you're
3 referring to Madison?

4 A. Yes.

5 Q. Okay. Is it a true statement that you observed
6 Madison each and every day from November 28th to
7 December 1st, 2016?

8 A. I observed Madison Monday, Tuesday, Wednesday,
9 and then that's it.

10 Q. Thursday, you saw her deceased?

11 A. Yes. Of course, I wasn't working Sunday, so I
12 could not observe her that day.

13 Q. Correct. Okay.

14 To your recollection, did you ever observe
15 Madison on more than one occasion in a given day?

16 A. No. Not to my recollection.

17 Q. Did you first learn that Madison was a new
18 inmate at the jail on Monday, November 28th, when you came in
19 for work?

20 A. It was a couple hours after I came in.
21 Correct.

22 Q. How did you learn that she was a new inmate?

23 A. A deputy asked if I -- had an inmate that had
24 reported some vomiting, and they wanted me to see them.

25 Q. Who reported that?

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1 A. I believe it was Deputy Richens.

2 Q. Look back, if you would, quickly at Exhibits 2,
3 3 and 6.

4 A. Okay.

5 Q. Were any of those three forms in your box when
6 you came to work on Monday, November 28th?

7 A. No.

8 Q. Are you sure about that?

9 A. To the best of my knowledge.

10 Q. Let me have you go back to Exhibit 37 there.
11 Okay? And direct your attention to Page 2, Request for
12 Admission No. 3?

13 A. Okay.

14 Q. In that request, I asked you to admit that
15 prior to Madison's death on December 1st, 2016, you reviewed
16 the prebooking form, talking about Exhibit No. 2. So the
17 question is, admit that you looked at Exhibit 2 sometime
18 before Madison's death?

19 A. No.

20 Q. And your answer, let me just show you your
21 answer.

22 A. Okay.

23 Q. It's not a deny. It's a deny for lack of
24 knowledge.

25 A. Okay. So can I explain?

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1 Q. Yeah, sure.

2 A. I didn't know this was a prebooking form. To
3 me, a booking form was what the booking people do when they
4 put in. This is something that officers out on the road do.
5 This has nothing do with me. I would never see these. I
6 have never seen these prior to this case.

7 Q. Do you think that the more appropriate answer,
8 then, would be just simple deny?

9 A. Now that I know what I prebooking form is, yes.

10 Q. Okay. Very good. Let me direct your attention
11 to Request for Admission No. 4.

12 A. Okay.

13 Q. Now I'm asking you about the inmate intake
14 question response form; we've also referred to that as the
15 medical intake form, and it's Exhibit No. 3. Okay?

16 A. Uh-huh.

17 Q. I asked whether or not you had seen that prior
18 to December 1st, 2016. Again, your answer, deny for lack of
19 knowledge. Can you explain your answer?

20 A. I have no knowledge that I had seen that prior
21 to that.

22 Q. So is the real answer, then, that you just
23 don't remember one way or another?

24 A. I can remember that that was not in my box
25 because I had to print it up later for her file. If it would

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1 have been in my box, that file would have already been
2 created.

3 Q. And you say that not because it was a policy
4 but because it was your practice to do that. Correct?

5 A. Correct.

6 Q. But this question isn't necessarily geared
7 towards whether or not the form was in your box. It's simply
8 whether you ever reviewed Madison's medical intake form at
9 some point prior to her death, prior to December 1st, and
10 you're denying for lack of knowledge. And my question is, is
11 that because you just don't remember either way?

12 A. I did not review that.

13 Q. So this --

14 A. I have -- I mean, lack of knowledge is, no, I
15 didn't review that until that day.

16 Q. Until after her death?

17 A. Yes.

18 I guess what I need to clarify is when they
19 throw all these terms at me, I don't know booking form,
20 prebooking form. I can just -- lack of knowledge.

21 Q. That's the beauty of a deposition. We can get
22 these things straightened out.

23 A. Exactly.

24 Q. Do you recall being interviewed by the attorney
25 general investigators on June 1st, 2017?

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1 A. Yes, I do.

2 Q. Now, there's a recording of that interview, and
3 the investigators also took the liberty of summarizing your
4 statements from that discussion. Okay?

5 A. Okay.

6 Q. In their summary, they say that you stated that
7 you were unsure whether you received Madison's medical intake
8 form. If that's true, do you believe that you were being
9 truthful to the investigators?

10 A. When I went into that interview, uhm, I was not
11 told it was a criminal investigation. When I got in there,
12 uhm, found out where this was going. I -- I will be honest
13 with you here presently, it frustrated me, blew my mind. I
14 was not clear of mind that day. I was scared to death.

15 I -- so I -- I was not being not truthful. I
16 was -- I don't know how -- what you would like me to answer
17 to that other than when I got in there and I believed that
18 when I would say certain things, they would twist them.
19 Correct. So at that point, I was so confused because I was
20 not aware of what I was walking into or prepared for that
21 situation.

22 Q. But what you're telling me now is, it's not
23 accurate that you are unsure whether you received it, you're
24 adamantly denying that you received it?

25 A. Exactly. If I would have had time to prepare

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1 for that, I would have been just like this. I would have
2 remembered when I made that medical report and what I put in
3 it and what Uintah County requested of me. I got in there,
4 and they started throwing questions at me, and my mind just
5 blew.

6 Q. You also told the attorney general
7 investigators that you did receive the Exhibit 6 mental
8 health questionnaire in your box. Do you remember saying
9 that?

10 A. It was later when I went up, yes. It was not
11 in my box. It was later when I went up to find it.

12 Q. After her death?

13 A. Yes.

14 Q. So that wasn't in your box?

15 A. No, it was not. I pulled it out of her booking
16 file.

17 Q. But you did tell the investigators from the
18 attorney general's office that you personally went over
19 Madison's mental health questionnaire with Madison.

20 A. I went over mental health questions with
21 Madison, not the questionnaire. Yes.

22 Q. So if the inter -- in the interview you told
23 them you went over the questionnaire --

24 A. Which I know --

25 Q. -- you were confused?

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1 A. -- the questions on the questionnaire. So I
2 went over the questions from the questionnaire. I did not
3 have the questionnaire, I did not have the pages in hand. I
4 do know what these questions are.

5 Q. You would have done that, you would have gone
6 over those questions with her on Monday, November 28th?

7 A. Monday morning when deputy -- like I said, I
8 believe it was Richens that brought her down to the med room.

9 Q. Did you find any of Madison's prescription
10 medications in your box on Monday, November --

11 A. They --

12 Q. -- 28th?

13 A. -- were in my office. They had put them on the
14 counter in my office.

15 MR. MYLAR: Let me just instruct you to wait
16 until he finishes the question.

17 THE WITNESS: Okay. Sorry.

18 MR. MYLAR: You're jumping in a little bit
19 quick.

20 BY MR. HANCEY:

21 Q. Are you aware that Madison submitted to a
22 urinalysis upon being booked into the jail?

23 A. I am aware of it now.

24 Q. Do you know under what circumstances a new
25 inmate would be subjected to such a test back in 2016?

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1 A. At that time?

2 Q. Yes.

3 A. It would have been upon the request of the
4 arresting officer, AP and P, or one of our officers for
5 whatever reason they would have.

6 Q. Back in 2016, how would you be made aware of
7 the results of such a urinalysis? If at all?

8 A. If at all?

9 Q. Yes.

10 A. It would probably just be brought to my
11 attention by an officer mentioning it.

12 Q. To your knowledge, was there any policies or
13 procedures in place in 2016 at the jail that would dictate
14 what happened, say, if an inmate takes a urinalysis and the
15 results are dirty for drugs?

16 A. (No oral response.)

17 MR. MYLAR: You have to speak audibly.

18 THE WITNESS: No. I'm sorry, my throat -- I
19 have a very sore throat today.

20 (Off-the-record discussion)

21 BY MR. HANCEY:

22 Q. So I take, then, that if Madison had submitted
23 to a urinalysis upon booking, the results of that test would
24 not have been put in your box. Correct?

25 A. Correct.

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1 MR. MYLAR: Is this a good time to take a break
2 right now for a few minutes?

3 MR. HANCEY: If you want to, sure, that's fine.
4 We can take a quick break.

5 (Recess taken from 11:20 a.m. to 11:34 a.m.)

6 (Whereupon, Mr. Tyler Allred were absent from
7 the deposition proceedings.)

8 BY MR. HANCEY:

9 Q. Okay. Ms. Clyde, your first personal
10 interaction with Madison was on Monday, November 28th. Is
11 that correct?

12 A. Correct.

13 Q. At what time?

14 A. Sometime in the morning.

15 Q. And where was that interaction?

16 A. In the medical room.

17 Q. Is that the same thing as your office?

18 A. Yes.

19 Q. Who was present?

20 A. I, Madison and Lieutenant Richens -- or Deputy
21 Richens.

22 Q. And what was the purpose of this particular
23 encounter?

24 A. Madison had told Deputy Richens that she had
25 thrown up the night before and just wanted me to talk to her.

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1 Q. So your understanding is that Madison had
2 requested to meet with you?

3 A. I think it was more upon Deputy Richens's
4 request because of what Madison had stated to her.

5 Q. I see. What did you observe about Madison's
6 appearance at that time?

7 (Whereupon, Mr. Tyler Allred returned to the
8 deposition proceedings.)

9 THE WITNESS: She ambulated down to the med
10 room on her own. She, uhm, appeared possibly sick, you know,
11 like if somebody had flu or cold or something.

12 BY MR. HANCEY:

13 Q. Why do you say that?

14 A. Just pale. You know, pale, mostly.

15 Q. Was she exhibiting any other symptoms that you
16 were able to see at that time?

17 A. No.

18 Q. Anything else that you would describe as
19 peculiar about her appearance?

20 A. Extremely thin.

21 Q. Sunken eyes?

22 A. Not that I remember recalling.

23 Q. Did she look like a drug addict to you?

24 A. Possibly.

25 Q. Did she look weak to you?

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1 A. Like I said, she ambulated down to the med room
2 on her own. But I would -- did she appear weak? No.

3 Q. Not to you?

4 A. I would assume she was just due to her weight
5 and her paleness. An assumption

6 Q. Did you actually see her ambulate down to your
7 office?

8 A. No. Just from walking in my door to where she
9 sat down.

10 Q. Describe for me everything you can remember
11 about that first encounter with Madison on the morning of
12 November 28th.

13 A. Brought her into the med room, had her sit on a
14 stool. Talked to her about the report that Richens had give
15 me about her vomiting the night before. She stated that she
16 had a little bit; she hadn't thrown up that day, prior at
17 that time, any more.

18 Uhm, I asked her if she was coming off of
19 anything. She denied. She stated that she thought she had
20 the stomach bug. She said, I -- and I asked her once again
21 if she was coming off of anything. I generally tell them,
22 I'm the nurse, I'm the person you need to be honest with; you
23 know, this isn't going to affect your charges or anything.
24 And she once again said, I know my body, I am not detoxing;
25 I -- I have the stomach bug.

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1 Then I afterwards talked to her about leave
2 puking or vomiting. I need to see it; we have to observe
3 that. Asked her if there was anything else I could do for
4 her. I opened the cabinet to where I keep all of my
5 over-the-counter medications. Showed her what we had. Made
6 her aware of ibuprofen, Tylenol. What else do we have up
7 there? Pepto-Bismol, antacids.

8 You know, and I said, These are here; all you
9 have to do is ask me for them. And made her aware of that.
10 I asked her at that point if she would like anything. And
11 she said no. At that point, uhm, Deputy Richens then took
12 her back.

13 Q. Was one of the purposes of that first encounter
14 to find out more about Madison's medications?

15 A. Oh, correct. That was part of that.

16 Q. Tell me what you remember about that.

17 A. She had a couple of medications. I made her
18 aware that the ones would not be given in our facility. They
19 were not allowed. Clonidine, however, I would get an
20 approval, it was -- to call the provider for approval. And
21 that we would start that as soon as I heard back from him.

22 Q. So just to be clear, you told Madison at that
23 time that her tramadol and Wellbutrin prescriptions would not
24 be approved?

25 A. Were not approved in our facility. Did not say

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1 would not be, but were not approved in our facility.

2 Q. What's the difference between were not approved
3 and would not be approved?

4 A. Uhm, sometimes when the PA Logan sees an
5 inmate, he may change that for whatever reason. But he
6 won't -- he will never change that until he has assessed and
7 seen the inmate himself.

8 Q. You later contacted Logan Clark and asked for
9 approval of the clonidine prescription. Correct?

10 A. Correct.

11 Q. But my recollection, from looking through the
12 case materials, is that you did not at that time inform Logan
13 Clark that Madison had the other two prescriptions. Is that
14 right?

15 A. No. He was -- he was informed.

16 Q. Did you tell him about all three prescriptions
17 that she had when you called him?

18 A. Yes. And he said he would review them when he
19 got there.

20 Q. To the best of your recollection, did you call
21 Logan Clark about approving the clonidine prescription on
22 Monday or on Tuesday?

23 A. It was Monday. And I don't know if it was a
24 text or a phone call.

25 Q. Was it -- did it happen after Madison left your

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1 office?

2 A. Yes.

3 Q. And your testimony is that when you reached out
4 to Logan Clark that day about Madison's prescriptions,
5 whether by phone or by text, you mentioned to him that
6 Madison at that time was on three -- all three medications?

7 A. Correct.

8 Q. Now, Ms. Clyde, I've watched a video of, again,
9 your interview with the attorney general investigators. And
10 when you were talking about this first encounter you had with
11 Madison, you say the following: My first thought when I saw
12 her was you have been doing serious drugs, and I know you are
13 lying to me.

14 Do you remember saying that?

15 A. I don't know if I remember saying that exactly.
16 but...

17 Q. Does that sound like something you might have
18 said?

19 MR. MYLAR: Just for the record, are you
20 reading a summary or is that a transcript?

21 MR. HANCEY: That is from the summary.

22 MR. MYLAR: Okay.

23 BY MR. HANCEY:

24 Q. So that's why my question is, do you remember
25 saying something like that?

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1 A. To them?

2 Q. Yes.

3 A. I don't recall.

4 Q. Okay. Do you recall thinking something like
5 that when you first saw Madison?

6 A. I do not recall thinking that. Is it something
7 that I have thought before? Yes.

8 Q. Do you remember thinking in your first
9 encounter with Madison -- you say that you asked her if she
10 was detoxing or taking drugs, and she denied that. Correct?

11 A. Correct.

12 Q. Do you remember thinking at that moment in
13 time, She's lying about that?

14 A. Yes.

15 Q. Was your basis for thinking that she was lying
16 about that, at least in part, on her looking to you like she
17 had been doing some serious drugs?

18 A. Possibly, and her mannerisms at that time.

19 Q. What do you remember about her mannerisms at
20 that time?

21 A. Not looking me in the eye.

22 Q. What else?

23 A. Not -- keeping her head down. Not looking me
24 in the eye. Did not seem like she was forthright with her
25 answers to me.

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1 Q. In your training and experience, those are
2 common symptoms of somebody who is a habitual drug user.
3 Right?

4 MR. MYLAR: Objection. Lack of foundation.
5 BY MR. HANCEY:

6 Q. Is that true?

7 A. Not being forthright with me?

8 Q. All of the mannerisms that you just described.

9 A. It can be a mannerism of about almost any
10 inmate that comes into jail whether it be about use of drugs
11 or about how long they're going to even be there.

12 Q. Well, then help me understand, because when I
13 asked you why you thought at that time Madison was lying to
14 you, you told me first it was because you might have thought
15 she was doing serious drugs but also because of her -- so how
16 she looked but also because of her mannerisms?

17 A. Yes.

18 Q. So I asked you what mannerisms.

19 A. Uh-huh.

20 Q. So help me understand how those mannerisms that
21 you described in Madison informed your belief that she was
22 doing serious drugs?

23 A. They did not inform my belief they were doing
24 serious drugs. They informed my belief that she was not
25 being truthful with me to the questions which I had asked.

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1 Q. About drug use?

2 A. About drug use.

3 Q. Madison did tell you that she was -- she had
4 thrown up the night before during that encounter?

5 A. Yes.

6 Q. Did she tell you that she had thrown up on the
7 morning of Monday the 28th?

8 A. She denied that to me.

9 Q. Okay. Do you recall Madison telling you during
10 that first encounter that she couldn't keep anything down,
11 meaning liquids or food?

12 A. No. Not to my knowledge.

13 Q. Is it possible she said that, something like
14 that, you just don't remember?

15 A. Possible.

16 Q. I mean, I'll represent to you that that's Liz
17 Richens's recollection of that first encounter. So is it
18 possible Madison said something like that?

19 A. Very possible. She could also have told Liz
20 Richens that while she was walking down the hall or had got
21 her out of her cell.

22 Q. Did Madison tell you how many times she had
23 thrown up the previous night, Sunday night?

24 A. Not to my recollection.

25 Q. When she told that you she had thrown up that

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1 night, did you ask her how many times?

2 A. She just stated, I had thrown up the night
3 before -- I have thrown up the night before.

4 Q. Did you ask her how many times?

5 A. No.

6 Q. Is the number of times a person throws up in a
7 given period of time indicative of anything medically?

8 MS. ABKE: Object to form.

9 MR. HANCEY: Do you understand my question?

10 MR. MYLAR: I'm also going to object. Lack of
11 foundation.

12 THE WITNESS: Yeah, repeat, please.

13 BY MR. HANCEY:

14 Q. Do you believe that how many times a person
15 vomits over a given period of time is important information
16 in trying to determine that person's medical needs?

17 A. Yes. Yeah.

18 Q. You've stated that Liz Richens was also present
19 during this Monday morning encounter. Correct?

20 A. Yes.

21 Q. In your office?

22 A. Uh-huh.

23 Q. Do you remember -- is it Officer Richens?

24 A. Deputy Richens.

25 Q. Deputy Richens. Do you remember Deputy Richens

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1 telling you during that encounter that Madison had used
2 heroin five days earlier?

3 A. I don't know if it was during that encounter or
4 after the encounter. But she, uhm, had told me that she had
5 tested positive for opiates.

6 Q. Based on her urinalysis. Correct?

7 A. Correct.

8 Q. But did she also tell you specifically that
9 Madison had taken heroin five days earlier?

10 A. Not that I recall. Not to my knowledge.

11 Q. You just don't remember?

12 A. Correct.

13 Q. Do you remember Liz Richens telling you that
14 Madison was obviously coming off some kind of drug in that
15 Monday meeting?

16 A. Once again, I just -- the thing I remember is
17 that she said she had tested positive for opiates.

18 Q. Okay. So you don't remember that then?

19 A. No.

20 Q. No?

21 A. No.

22 Q. Now, you said that while you remember Deputy
23 Richens telling you about urinalysis results, you don't
24 remember whether or not she told you that during the meeting
25 when Madison was present or sometime after?

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1 A. She would have told me about the urinalysis
2 results, I would assume, sometime after, but I do not recall.

3 Q. Was it on Monday, November 28th?

4 A. Yes. It would have been -- it would have been
5 shortly after that visit. I know it was that morning.

6 Q. Based on your medical training and experience,
7 Ms. Clyde, do you believe that how a patient should be
8 treated should be based on what the patient is subjectively
9 telling you or based on your objective observations?

10 A. Both.

11 MR. MYLAR: Objection. Lack of foundation.

12 MR. HANCEY: She's not qualified as an LPN?

13 MR. MYLAR: She is qualified as an LPN.

14 BY MR. HANCEY:

15 Q. You said both?

16 A. Yes.

17 Q. Okay. And tell me why you think it's both.

18 A. Uhm, what the patient tells me and what I
19 see are relevant. Signs and symptoms.

20 Q. So really what it boils down to is objective
21 evidence of their condition. Right?

22 A. Subjective and objective.

23 Q. I thought you said it comes down to signs and
24 symptoms --

25 A. Yes.

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1 Q. -- and those are objective things. Right?

2 A. Yeah.

3 Q. So, then, here's a hypothetical. If you're
4 looking at a patient who you strongly believe is a drug user
5 and/or is detoxing from drugs, exhibiting some of those signs
6 and symptoms, but the patient adamantly denies drug use,
7 based on your training and experience, do you treat them
8 as if -- in accordance with your objective findings or their
9 subjective statements?

10 MR. MYLAR: Objection. Calls for speculation,
11 an incomplete hypothetical, and lack of foundation.

12 MR. HANCEY: You can answer.

13 THE WITNESS: Will you put -- revise that again
14 for me, reword it.

15 MR. HANCEY: Sure.

16 BY MR. HANCEY:

17 Q. Based on your training and experience, if
18 you're encountering a patient who denies drug use or denies
19 that they're detoxing but your objective observations point
20 the opposite direction, do you treat that person based on
21 your objective observations or on what they're telling you?

22 MR. MYLAR: Same objections.

23 MR. HANCEY: You can answer.

24 THE WITNESS: Both.

25 *

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1 BY MR. HANCEY:

2 Q. How would you treat them based on both if those
3 are opposite conclusions?

4 MS. ABKE: Object to the form. Foundation.

5 MR. HANCEY: You can answer.

6 THE WITNESS: I cannot treat a patient that
7 that does not want to be treated. We cannot force-medicate.
8 I, uhm -- so then I can only do what I did.

9 BY MR. HANCEY:

10 Q. Which is what?

11 A. Which is go off of what Madison has told me.
12 And per, at that point, she stated to me she is vomiting, so
13 we gave her her first Gatorade at that point. And then asked
14 her to save her vomit or her diarrhea so that we can observe
15 it and see it. And often I tell them so that they don't
16 maybe think that I'm questioning them of whether they're
17 being truthful, but I also want to see if there's blood in
18 those -- in that also.

19 Q. When you asked Madison to save any samples of
20 her vomit or diarrhea, was Liz Richens present?

21 A. Yes, it was in that meeting.

22 Q. Okay. Did you take any steps to communicate
23 that directive to any of the other jail staff?

24 A. Uhm, no.

25 Q. Did you give Madison some kind of a container

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1 to hold her vomit or diarrhea?

2 A. No. We tell them -- they use the toilet. We
3 say, Don't flush it; push the control, the button to get into
4 control, and we'll be right down. And that is what I told
5 her.

6 Q. What about the vomit? How would she --

7 A. They vomit in the toilet or they vomit on their
8 bed or on the floor, we see it.

9 Q. But she did vomit on her bed and on the floor.
10 And so there was evidence of vomit that was saved, but how
11 did that change anything?

12 A. It was not reported to me. I never saw any
13 vomit or diarrhea.

14 Q. So then --

15 A. If Madison -- Madison must have not reported it
16 to control for me to go down.

17 Q. Or another possibility would be that the
18 correctional staff that did observe that didn't convey that
19 information to you. Right?

20 MS. ABKE: Object to form.

21 MR. BUTTERFIELD: (Inaudible) and join.

22 (Court reporter interrupted for clarification.)

23 MR. BUTTERFIELD: I said incomplete
24 hypothetical.

25 *

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1 BY MR. HANCEY:

2 Q. Is that a possibility?

3 A. I would assume that could be a possibility.

4 Q. Well, let me ask you this: Do you know,
5 sitting here today, that Madison vomited and/or went diarrhea
6 every single day she was incarcerated?

7 A. No, I do not know that.

8 Q. You still don't know sitting here today?

9 A. Correct. I never saw it. I can't testify to
10 something I didn't see.

11 Q. You've been telling me about this encounter
12 with Madison on the morning of November 28th, Monday. Did
13 you take her vitals at that time?

14 A. Yes.

15 Q. Okay. Which -- how did you do that?

16 A. With a blood pressure cuff, with my
17 stethoscope, with a pulse oximeter.

18 Q. Did you record those findings?

19 A. Yes, I did.

20 Q. Where?

21 A. On the computer.

22 Q. Did you note that Madison's blood pressure was
23 high?

24 A. Yes.

25 Q. You've told me that sometime on Monday,

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1 November 28th, you reached out to Logan Clark, either by
2 phone or text, to get the medication approved. Correct?

3 A. Correct.

4 Q. During that phone call, did you communicate
5 anything to Logan Clark about the signs and symptoms that
6 Madison had either told you about or that you had observed in
7 person?

8 A. I do not know, outside of the clonidine
9 approval, what was said. I don't have any recollection. I
10 don't remember.

11 Q. Let me be more specific. Do you remember
12 whether or not you told Logan Clark on that occasion that
13 Madison appeared pale and/or weak?

14 A. That could be a possibility.

15 Q. Do you remember whether or not you told Logan
16 Clark on that occasion that Madison had reported vomiting?

17 A. Yes.

18 Q. That had been corroborated by Deputy Richens.
19 Right?

20 A. Yes. Just that she had stated that she had
21 vomited the prior night before, yes.

22 Q. Do you remember how Logan Clark responded to
23 those comments by you?

24 A. No, I don't.

25 Q. So if you had communicated on that occasion

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1 with Logan Clark by text, then would you have texted your --
2 you would have texted the information we just talked about.
3 Right?

4 A. In some format.

5 Q. Okay. Have you saved your text messages from
6 that time period?

7 A. No.

8 Q. Did you give Madison Gatorade --

9 A. Yes.

10 Q. -- in that Monday encounter?

11 A. Yes.

12 Q. Was that because you were concerned about her
13 hydration?

14 A. No. It was stated -- because she stated she
15 had vomited the night before. And sometimes Gatorade is the
16 only thing they can hold down.

17 Q. After that visit in your office, was Madison
18 sent back to her cell?

19 A. Yes.

20 Q. That was in H Block. Correct?

21 A. I don't know what block she was in.

22 Q. Do you know if you made any notes of your
23 Monday encounter with Madison?

24 A. I -- outside of the vital signs? No.

25 Q. So again, you logged those into the computer

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1 electronically?

2 A. Yes.

3 Q. But no other written or electronic notes of any
4 kind?

5 A. No.

6 Q. Did you see Madison on Tuesday, November 29th?

7 A. Yes.

8 Q. Was that also in your office?

9 A. Yes.

10 Q. What time of day?

11 A. I do not remember.

12 Q. How did she get to your office?

13 A. She would have walked down.

14 Q. Who was she accompanied by?

15 A. Once again, I would -- I believe that it was
16 Liz Richens.

17 Q. Was Liz Richens present, to the best of your
18 recollection, during the Tuesday encounter?

19 A. Yes.

20 Q. Tell me what you remember about the Tuesday
21 encounter with Madison in your office.

22 A. Basically just reviewed things again. I asked
23 her if she wanted to see the doctor. She once again stated
24 she had the stomach bug. She was feeling better; she did not
25 believe she wanted to see the doctor. Then I went over,

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1 again, about the if you're having nausea and vomiting,
2 diarrhea, I need to see the vomit and diarrhea; you need to
3 save that for me. And that's about all I really can
4 remember.

5 Q. All right. Let's try to drill down a little
6 bit. During that Tuesday encounter -- well, who initiated
7 the Tuesday encounter, you or Madison?

8 A. I...

9 Q. Or somebody else?

10 A. I honestly don't remember.

11 Q. So you don't know, you don't remember, sitting
12 here today, why she was in your office?

13 A. I -- a follow-up, would be my assumption, to
14 what our encounter was the day before. That's generally what
15 I do.

16 Q. But if it was a follow-up, that would have been
17 initiated by you. Right?

18 A. Or Richens.

19 Q. Or Liz Richens?

20 A. Uh-huh. She might have, you know, got it
21 sooner than I would have during the day, yeah.

22 Q. Did you tell me a minute ago that during the
23 Tuesday encounter, Madison stated she did not want to see a
24 doctor?

25 A. Correct.

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1 Q. What signs and symptoms, if any, did Madison
2 report to you on Tuesday, November 29th?

3 A. She didn't report any to me.

4 Q. Did she tell you on her own initiative that she
5 had vomited or had diarrhea that day?

6 A. When I asked her that question, she denied it.

7 Q. Did Liz Richens provide you any information
8 about whether Madison had vomited or went diarrhea on
9 Tuesday, November 29th?

10 A. I can't remember.

11 Q. Do you recall observing any differences in
12 Madison's physical appearance between Monday and Tuesday?

13 A. No.

14 Q. Did you take her vitals again on Tuesday?

15 A. No.

16 Q. Now, you told the attorney general
17 investigators that on Tuesday, Madison looked pale, and you
18 said that her color wasn't good. Is that something that --
19 is that true?

20 A. It could be.

21 Q. Liz Richens told the investigators that Madison
22 looked weaker than she had the previous day, being Monday.
23 Do you agree with that?

24 A. I did not see her walk down to my office. I
25 have no knowledge of that.

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1 Q. Did Liz Richens tell you on Tuesday, November
2 29th, that she had to assist Madison in ambulating back to
3 her cell?

4 A. Not to my knowledge.

5 Q. You don't remember?

6 A. No, I don't. Not to my knowledge. She did not
7 report that to me.

8 Q. Did you ask Madison on Tuesday how she was
9 feeling?

10 A. I'm sure I did.

11 Q. Do you remember how she responded?

12 A. No.

13 Q. Did you give her a Gatorade?

14 A. Yes. She got a Gatorade every day she was
15 there, a couple of times a day.

16 Q. Did you make any notes of your Tuesday
17 encounter or -- or other records of your Tuesday encounter
18 with Madison?

19 A. No.

20 Q. Is the encounter in your office that we've just
21 talked about the only time on Tuesday that you personally
22 observed Madison that day?

23 A. Other than when she was moved.

24 Q. Do you recall Liz Richens telling you on
25 Tuesday that Madison was still really weak and was unable to

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1 hold fluids down?

2 A. No.

3 Q. You just don't remember?

4 A. She did not tell me, to my recollection,
5 correct.

6 Q. Do you recall her telling you that Madison was
7 throwing up a lot?

8 A. No.

9 Q. Do you recall Liz Richens telling you on
10 Tuesday that every time she checked on Madison, Madison was
11 just lying in bed, not getting up?

12 A. No.

13 Q. Now, do you remember Liz Richens telling you
14 that Madison wouldn't eat on Tuesday?

15 A. I never had any report of what she ate.

16 Q. All of these statements that I just attributed
17 to Liz Richens and you said you don't remember, are you
18 taking the position that Liz Richens absolutely did not make
19 those statements to you on Tuesday? Or is your testimony
20 that you don't remember, she might have?

21 A. My testimony is I do not recall her telling me
22 any of that.

23 Q. So you don't remember?

24 A. So...

25 Q. Right?

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1 MR. MYLAR: Objection. Asked and answered.
2 MS. ABKE: I don't think she has answered that.
3 MR. HANCEY: I don't think she has.
4 BY MR. HANCEY:
5 Q. You don't remember. Correct?
6 A. If that's what recall means, I do not recall.
7 Q. Do you recall whether Liz Richens told you on
8 Tuesday that she was going to give Madison a Gatorade?
9 A. I don't remember.
10 Q. Do you remember Liz Richens telling you on
11 Tuesday that she was going to get Madison new bedding because
12 Madison had vomited all over the set in her cell?
13 A. No.
14 Q. You don't remember that either?
15 A. She did not tell me that.
16 Q. You're positive?
17 A. Positive. I can honestly -- I will answer
18 positive to that, yes.
19 Q. Okay. Now, at some point on Tuesday, Madison
20 filled out one of the jail's medical request forms. Correct?
21 A. Correct.
22 Q. Was that at your suggestion or was that at
23 Deputy Richens's suggestion, do you remember?
24 A. My suggestion.
25 Q. Tell me the circumstances leading up to your

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1 making that suggestion.

2 A. She had stated that she had vomited on Sunday
3 night.

4 Q. When did she tell you that?

5 A. Monday morning.

6 Q. So you're referring to the Monday conversation?

7 A. Yes, uh-huh.

8 Q. Okay. What else?

9 A. Just her coloring, how she looked.

10 Q. On Tuesday?

11 A. Both days.

12 Q. Okay.

13 A. And after our encounter with her, Deputy
14 Richens and I talked about it. And, uhm, Deputy Richens
15 asked, uhm, how I'd feel if we moved her. I agreed that that
16 would be a good idea. Maybe Madison, if she was throwing up
17 or vomiting, which she had denied, would be more relevant to
18 save that so I could see it in a separate cell. So that
19 would -- that was my -- my whole medical reason for moving
20 her, is to possibly be able to see vomit and diarrhea if she
21 was having it.

22 Q. Okay. What I think I heard you say is that
23 after Madison left on Tuesday, you were talking with Deputy
24 Richens?

25 A. Yes.

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1 Q. She brought up the idea of moving Madison to --
2 for medical observation, and you agreed that that was a good
3 idea --

4 A. Yep.

5 Q. -- is that correct?

6 A. Correct.

7 Q. And so your reasoning for agreeing with Liz
8 Richens's suggestion to move Madison was really for medical
9 observation reasons?

10 A. I wanted to see vomit and diarrhea if she was
11 having it, correct.

12 Q. Now, let me touch on that for a second. Liz
13 Richens had told you that she had seen Madison vomit on
14 Monday. Right?

15 A. No.

16 Q. Or on Sunday night, I mean?

17 A. No. Madison reported to me that she had
18 vomited Sunday night.

19 Q. Did Liz Richens not corroborate that on Monday?

20 A. No.

21 Q. Okay. In 2016, what is your under -- well, are
22 you aware, first of all, of any policies or procedures or
23 unwritten policies about what a correctional officer was
24 supposed to do if they observed evidence that an inmate was
25 vomiting or had diarrhea?

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1 A. To my knowledge of the policies and procedures,
2 an in -- a correctional officer should have contacted
3 PA Logan or Dr. Tubbs. That's what I was --

4 Q. What if it was -- sorry. What if she observed
5 that same thing at a time when you were working? Was the
6 policy to contact you?

7 A. The policy is still to contact PA Logan or
8 Dr. Tubbs.

9 Q. And when you talk about that as being a policy
10 in 2016, is it your understanding that that was a written
11 policy at the jail or an unwritten protocol?

12 A. That's the written policy.

13 Q. That existed in 2016?

14 A. Correct.

15 Q. If you see -- if anybody sees an inmate vomit
16 or have diarrhea, to contact PA Logan Clark?

17 A. If a deputy has any concerns regarding a
18 medical issue, they are to contact PA Logan or Dr. Tubbs.
19 Yes, that is the written policy.

20 Q. So they're supposed to bypass you in those
21 situations?

22 A. It's what the policy said.

23 Q. What time on Tuesday was Madison moved for
24 medical observation?

25 A. I don't know.

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1 Q. In the records in this case, I have seen
2 reference made to the cell she was moved to as the
3 court-holding cell. Is that an appropriate term?

4 A. Yes.

5 Q. Is it your understanding that the medical
6 observation of an inmate can be more easily done in court
7 holding than in, say, a cell on H Block?

8 A. Yes.

9 Q. Why?

10 A. Uhm, because in court holding, they are alone,
11 they have a cell to themselves. It's visible through glass.
12 To get to a cell in H Block, you have to go into the block,
13 into the common area, and then over to the cells.

14 Q. And look through the individual --

15 A. And look through the glass.

16 Q. -- cell --

17 A. Individual cell.

18 Q. -- door glass?

19 A. Correct.

20 Q. You said that there's glass in the
21 court-holding cells. Right?

22 A. In the window, glass, Plexiglas, something.
23 Something you see through.

24 Q. That separates the court-holding cell from
25 what?

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1 A. A hallway.

2 Q. So an officer, to observe Madison in court
3 holding, still has to walk down a hallway in order to look
4 through the Plexiglas?

5 A. Correct.

6 Q. How is that any easier than walking down to
7 H Block and looking through the door window?

8 A. They make rounds. Also, uhm, court holding has
9 an individual camera that can be observed in control.

10 Q. In the control room?

11 A. Yes.

12 Q. Is that camera running 24/7?

13 A. Yes.

14 Q. Is there a person in the control room 24/7?

15 A. Yes.

16 Q. To your knowledge, how many cells at the jail
17 have a camera that relays real time to the control room?

18 A. Individual cells?

19 Q. Yes.

20 MR. HOMER: Objection. Foundation.

21 BY MR. HANCEY:

22 Q. If you know.

23 A. Uhm, I -- I think five.

24 Q. Court-holding cells. Right?

25 A. Yes.

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1 Q. What else?

2 A. Three in booking.

3 Q. Are there two court-holding cells?

4 A. Yes.

5 (Whereupon, Exhibit No. 11 was marked for
6 identification.)

7 BY MR. HANCEY:

8 Q. Ms. Clyde, you've been handed what's been
9 marked as Exhibit 11. Have you ever seen that before?

10 A. No.

11 Q. Are you familiar with this form?

12 A. No.

13 Q. To the best of your knowledge, what cells was
14 Madison housed in during her stay at the jail?

15 MR. HOMER: Objection. Foundation.

16 BY MR. HANCEY:

17 Q. Do you know?

18 A. According to this or according to what I know?

19 Q. According to what you know.

20 A. I would -- she was held in H Block and in court
21 holding.

22 Q. This Exhibit 11 form, and I know you haven't
23 seen it, but it seems to reflect that Madison was moved for
24 medical reasons on Tuesday, November 29th, at 1619 hours. Do
25 you see that?

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1 A. Uh-huh.

2 Q. Is that consistent with your independent memory
3 of about when she was moved?

4 A. I -- as I stated before, I don't remember what
5 time she was moved that day.

6 Q. Do you know who would have put the reason
7 assigned as being medical in a form like this?

8 A. I don't.

9 Q. Is that something that you would have
10 communicated to --

11 A. No.

12 Q. -- the person who fills this form out?

13 A. No.

14 Q. In 2016, did a correctional officer have, to
15 your knowledge, the authority to move an inmate from
16 something like an H Block cell to court holding on their own
17 initiative without getting your approval?

18 A. Yes.

19 Q. Do you recall being interviewed by somebody
20 named John Crowley, an investigator with the Office of the
21 Medical Examiner?

22 A. No.

23 Q. I'm going to read to you something from John
24 Crowley's report. He says that he talked to you.

25 MR. HOMER: Counsel, what's the exhibit?

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1 MR. HANCEY: Yeah. It's Exhibit No. 4, and
2 it's on page Bates No. 36.

3 BY MR. HANCEY:

4 Q. Second paragraph from the bottom under medical
5 records.

6 MR. MYLAR: Where's -- second paragraph? Okay.

7 BY MR. HANCEY:

8 Q. So this is what John Crowley says about his
9 interview with you. Okay? He says, In talking with the jail
10 nurse Jana Clyde, she stated that when Madison came into the
11 jail, she started going through withdrawal-type symptoms, and
12 they had in the court -- and they had her, I think, in the
13 court-holding cell to watch her. Jana stated that she was
14 not eating and that they were giving her Gatorade drinks to
15 help Madison.

16 Is that consistent with your memory?

17 A. No.

18 Q. Why not?

19 A. I was never told if she's eating or not. The
20 only people that know that she's eating is the lunch ladies.
21 No -- none of them came and reported to me.

22 Q. So John Crowley's report is wrong?

23 A. I don't know.

24 Q. Well --

25 A. To the best of my knowledge, I did not -- I was

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1 not told whether she was eating or not.

2 Q. Is it possible that you were, though, and that
3 you told John Crowley that?

4 A. No.

5 Q. It's not -- so again, I just --

6 A. Okay. No.

7 Q. I have to pin you down.

8 A. Please do.

9 Q. Are you adamantly denying that you ever knew
10 that Madison wasn't eating before she passed away? Or do you
11 just not remember if you were told?

12 A. I was not told.

13 Q. Is it true that Madison was moved into the
14 court-holding cell to be watched because she started going
15 through withdrawal-type symptoms?

16 A. That would have been up to Deputy Richens, who
17 moved her.

18 Q. But you did tell me that you approved that --

19 A. I did.

20 Q. -- suggestion. Right?

21 A. Correct.

22 Q. So would your reason have been what's described
23 in what I read?

24 A. My recollection of that thing was, once again,
25 if she was having nausea and vomiting -- vomiting and

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1 diarrhea, I needed to see it. This is the best place for me
2 to observe that. She can push the button for me to come
3 down. That was my sole objective for me putting her there.
4 In agreeing to put her there.

5 Q. In 2016, if an inmate told you five days in a
6 row that they had vomited and/or had diarrhea, but you never
7 saw evidence of that with your own eyes, would the way that
8 you treat that inmate change at all?

9 MR. MYLAR: Objection. Calls for speculation
10 and also incomplete hypothetical.

11 MR. HOMER: Join.

12 MR. HANCEY: You can answer.

13 THE WITNESS: If an inmate would have reported
14 to me that they were having this -- these symptoms, that
15 inmate still would have been given the Gatorades and have
16 full access to her meals and water.

17 BY MR. HANCEY:

18 Q. Anything else?

19 A. No.

20 Q. So just to be clear, in 2016, if an inmate told
21 you five days running that they had vomited or went diarrhea,
22 your response would have been to give them Gatorade and make
23 sure they had access to food and water?

24 MR. MYLAR: Objection. Again, incomplete
25 hypothetical and calls for speculation.

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1 MR. HANCEY: Well, now I'm just clarifying her
2 other answer.

3 So is that what you said?

4 MR. MYLAR: Well, five days running, I don't
5 think, was --

6 MR. HANCEY: It was.

7 MR. MYLAR: -- even in evidence.

8 MR. HANCEY: Yeah, it was -- well, no, it was
9 part of the hypothetical.

10 BY MR. HANCEY:

11 Q. But do you understand my question?

12 A. Yes. If I would have known, not been reported
13 but known, seen, that probably would have been treated
14 different. But just reported to me without visual, no.
15 Nothing would have changed.

16 Q. Okay. Thank you.

17 Do you remember telling Lieutenant Jason Curry
18 that you had moved Madison to court holding because she
19 either had the flu or was experiencing heroin withdrawals?

20 A. I remember telling Jason Curry that we moved
21 her there, stating what the patient had told me. I cannot
22 tell you if a patient is having withdrawals with heroin. So,
23 no, I know I did not tell him that. We -- I had no proof
24 that she had heroin in -- on her system.

25 Q. Once Madison had transferred to court holding

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1 for medical observation, did you personally observe her at
2 all?

3 A. Yes.

4 Q. And that was on Wednesday, November 30th.
5 Correct?

6 A. I went and saw her on Wednesday, November 30th,
7 yes.

8 Q. Would that be the extent of your personal
9 observation of Madison after the move to court holding?

10 A. I went down to -- to control on Wednesday a
11 couple times earlier that day just to look in the cameras.

12 Q. Do you remember whether or not you looked in
13 the camera in Madison's cell --

14 A. That was my particular reason for going to
15 control, yes.

16 Q. Do you remember what you observed on the
17 cameras on those occasions?

18 A. Both times she was laying down.

19 Q. Describe for me what you remember about your
20 personal observation of Madison on Wednesday, November 30th.

21 A. When I went to the court-holding cell, I
22 knocked on the window. And asked -- and told Madison I had a
23 Gatorade for her. She got up from her bed, walked over.
24 Uhm, I handed her the Gatorade, asked her if there was
25 anything else I could do for her at that time, and she said

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1 no. She then ambulated back to her bed. I left after that.

2 Q. So your recollection is that you had a brief
3 conversation with Madison?

4 A. Correct.

5 Q. Would you say that the entire encounter lasted
6 ten seconds or less?

7 A. I don't know. It was brief.

8 Q. Did you ever contact Logan Clark to inform him
9 that Madison had been moved to court holding?

10 A. No.

11 Q. In 2016, are you aware of any policies and
12 procedures that would dictate a change in how you were to
13 treat inmates once they were moved for medical observation?

14 A. No.

15 Q. Now, you told me that at least in 2016, one of
16 the ways in which an inmate that was on medical observation
17 would be observed was by a camera in their cell. Right?

18 A. If they were moved to that cell, yes.

19 Q. Okay. What other policies and procedures, if
20 any, were in place in 2016 on how an inmate on medical
21 observation should be observed?

22 A. I have no knowledge of that.

23 Q. Was there any policy, for instance, written or
24 unwritten at that time, that would dictate how often an
25 inmate in medical observation should be checked on?

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1 A. Not to my knowledge.

2 Q. Was there any policy or procedure in place,
3 same time frame, about how to record the results of any
4 checks on such an inmate?

5 A. Other than when the officers make their rounds
6 and control record it, no. Outside of that, no, none.

7 MR. HANCEY: That's Exhibit 5.

8 (Whereupon, Exhibit No. 5 was marked for
9 identification.)

10 BY MR. HANCEY:

11 Q. You've been handed what's been marked as
12 Exhibit 5. Is this an example of the medical request form
13 that the jail used in 2016?

14 A. One of them.

15 Q. To your understanding, what is the purpose of a
16 medical request form?

17 A. To request to see the nurse and/or the doctor.
18 Or request medications, anything along these lines.

19 Q. As of November 2016, had you received any
20 training that related in any way to these medical request
21 forms?

22 A. Your use of the word "training" confuses me.
23 Was I told when I was hired how I handle these? Yes.

24 Q. By who?

25 A. By those who trained me.

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1 Q. Who trained you?

2 A. Several staff members.

3 Q. Officers?

4 A. Yes.

5 Q. What did they train you in particular about
6 this form when you were hired?

7 A. This form in particular? That it was one that
8 they used in the areas where there was not a kiosk available
9 to them. And this is that form that the inmate would fill
10 out and give to me. Or that the officers would then have to
11 give to me.

12 Q. Anything else?

13 A. That this is the request to be seen by the
14 doctor.

15 Q. Are you aware of any policies that were in
16 place at the jail in 2016 relative to this form?

17 A. Not to my knowledge.

18 Q. Now, back in 2016, under what circumstances
19 would an inmate be given one of these forms to fill out?

20 A. When -- these inmates -- these are given to
21 inmates who are put in a area where they don't have access to
22 a kiosk.

23 Q. What's a kiosk?

24 A. It's, for lack of me knowing better, a little
25 computer system in the housing areas of each cell where they

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1 can type in a request to several different places in the
2 jail.

3 Q. It's just an electronic version of what we see
4 in Exhibit 5?

5 A. Correct.

6 Q. Okay. I understand that the Exhibit 5 form
7 would be given to inmates if they didn't have access to a
8 kiosk. My question now, though, is, under what circumstances
9 would an inmate be given one of these to fill out?

10 A. Upon their request or upon the request of a
11 deputy or a nurse. On the request of somebody.

12 Q. Whether a staff member or the inmate
13 themselves?

14 A. Yes.

15 Q. So if an inmate asked to fill out one of these
16 forms, as a matter of course, they'd be given one to fill
17 out?

18 A. Correct.

19 Q. How would you learn whether -- when one of
20 these forms had been filled out by an inmate --

21 A. They would --

22 Q. -- in 2016?

23 A. They would bring it to my office or they would
24 leave it in my box up in booking.

25 Q. Which you would check daily?

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1 A. Yes. Uh-huh.

2 Q. And then in 2016, what would you do once you
3 received a filled out medical request form?

4 A. I would decide if it is something that the
5 nurse should handle or the doctor should handle.

6 Q. Were there any policies in place at that time
7 that would dictate whether you went the former route or the
8 latter route?

9 A. Not to my knowledge.

10 Q. Had you been trained, as of November 2016, on
11 whether a given medical request form is something for the
12 doctor to handle or something for the nurse to handle?

13 A. No.

14 Q. So really, in 2016, then, it would have been
15 left up to your discretion and judgment whether or not to get
16 a doctor involved. Is that right?

17 A. Uhm, yes, the doctor comes once a week, and
18 that's when these are turned to him. Correct.

19 Q. Describe for me the process -- well, strike
20 that.

21 Logan Clark was the one who usually made weekly
22 rounds to the jail in 2016. Is that right?

23 A. That's correct.

24 Q. And your understanding is that he's affiliated
25 with Dr. Tubbs's office?

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1 A. Yes.

2 Q. Was the day of the week that he would make his
3 rounds in 2016 Thursday?

4 A. Yes.

5 Q. What is your recollection of what Logan Clark
6 would do during his weekly rounds in 2016?

7 MS. ABKE: Object to foundation.

8 BY MR. HANCEY:

9 Q. Do you know what he did?

10 A. I know what he did while I was with him.

11 Q. Were you with him the entire time he was there
12 during his weekly rounds?

13 A. Most of the time. Not all the time.

14 Q. Okay. Well, tell me what you know.

15 A. He would come. I would present to him the
16 folders of the -- the medical folders of the people that had
17 put in requests. He would review them, decide who was going
18 to be seen, who was not. Then we would call these inmates
19 down. He sees them. He sends them back. He dictates and
20 orders medications and leaves.

21 Q. So am I to understand from what you just said,
22 then, that Logan Clark wouldn't be told who he was going to
23 be seeing on a given Thursday until you gave him that
24 information when he arrived on Thursday morning?

25 A. Correct.

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1 Q. In other words, you wouldn't somehow
2 communicate the medical request forms for a given Thursday in
3 advance?

4 A. Yes, I want them in advance so that I can be
5 prepared for him to see them. So those are usually done on
6 Wednesdays.

7 Q. I'm sorry, I -- you didn't understand my
8 question because it was a bad one.

9 What I'm saying is you didn't provide the
10 medical request forms that you would prepare in a given week
11 to Logan Clark prior to Thursday morning?

12 A. Correct.

13 Q. Was there any circumstances in 2016 under which
14 you would send Logan Clark a medical request form earlier in
15 the week than Thursday morning?

16 A. No.

17 Q. Were there any policies in place in 2016 that
18 would dictate when you were supposed to provide a medical
19 request form that had been filled out by an inmate to
20 Dr. Tubbs's office?

21 A. Not to my knowledge.

22 Q. Had you been trained on when to do that?

23 A. Yeah. When the doctor arrived that morning.

24 Q. And that training was given to you by the
25 officers upon your hire. Correct?

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1 A. Yes.

2 Q. In 2016, do you recall Logan Clark ever making
3 a visit to the jail facility to see one or more inmates that
4 was not on a Thursday? In other words, a special visit?

5 A. Not to my knowledge.

6 Q. Do you understand that Exhibit 5 is a medical
7 request form that Madison Jensen filled out while she was
8 incarcerated at the jail?

9 A. Upon my request, yes.

10 Q. Okay. And she filled this out on Tuesday,
11 November 28th. Correct?

12 A. To the best of my knowledge.

13 Q. You told me earlier that you would have
14 received this form and then created the medical file you told
15 me about, put this on top of the file, and you did that
16 Wednesday, November 30th, in the afternoon before you left
17 for the day?

18 A. Correct.

19 Q. In preparation for Logan Clark arriving the
20 next morning?

21 A. Correct.

22 Q. Is it your testimony that when Logan Clark
23 arrived in the morning of Thursday, December 1st, that you
24 gave him Madison Jensen's file along with the other files
25 that you had prepared for that purpose?

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1 A. Correct.

2 Q. Did you receive this Exhibit 5 filled out by
3 Madison on Tuesday, November 29th?

4 A. I do not recall if it was Tuesday or Wednesday.

5 Q. When you did receive it, did you take occasion
6 to read what she had written?

7 A. Yes.

8 Q. So you read that she wrote, "Puking for four
9 days straight"?

10 A. Correct.

11 Q. "Runs, diarrhea, can't hold anything down, not
12 even water." Right?

13 A. Correct.

14 Q. How did you determine, specifically with regard
15 to this medical request form by Madison, whether or not this
16 would fall into the category of those request forms to be
17 treated by the doctor or to be handled under yourself?

18 A. Because this is issues for a doctor. The ones
19 that would be handled by myself is, I have a headache; can I
20 get an over-the-counter ibuprofen right now? This was a
21 doctor's issue.

22 Q. That's, in part, because you don't believe you
23 were qualified to either assess, diagnose or treat a patient
24 manifesting the kinds of symptoms described in Exhibit 5?

25 A. That's kind of a two-part answer for me.

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1 Q. Go ahead and answer.

2 A. Uhm, per following procedures at the jail that
3 I had been taught, uhm, is to give Gatorade, to make sure
4 that they have access to water. And we do not do IVs. I
5 cannot diagnose or no -- give -- or write prescriptions for.
6 So under the scope of practice I was at that time, I was
7 doing the best to my knowledge. Yes.

8 Q. You were doing, in your opinion, everything
9 that you could do as an LPN?

10 A. Correct.

11 Q. Administer Gatorade and make sure Madison had
12 access to food and water. Right?

13 A. According to the availability of the things we
14 had at the jail, correct.

15 Q. Anything else that Madison might have needed
16 for her medical needs would have had to have been provided,
17 in your belief, by somebody at Dr. Tubbs's office?

18 A. PA Logan. I always refer to PA Logan.

19 Q. PA Logan. Okay.

20 MR. MYLAR: Should we break for lunch now? Is
21 it a good stopping time?

22 MR. HANCEY: Sure.

23 (Lunch recess from 12:37 p.m. to 1:32 p.m.)

24 (Whereupon, Mr. Steve Loos was absent from the
25 deposition proceedings.)

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1 BY MR. HANCEY:

2 Q. Ms. Clyde, before the break, we were looking at
3 Exhibit No. 5. We noted that one of the things Madison wrote
4 on that form was that she had been puking for four days
5 straight, runs, diarrhea, can't hold anything down, not even
6 a water. Based on your medical experience and training, if a
7 patient was, in fact, experiencing the things that Madison
8 describes there, does that run the risk of inflicting
9 dehydration?

10 MR. MYLAR: Objection. Lack of foundation.

11 BY MR. HANCEY:

12 Q. Can you answer that question with your medical
13 experience and knowledge?

14 A. If the person had stated to me they were having
15 these? That would be a concern.

16 Q. Okay.

17 Four days straight would be -- could pose
18 serious risks for a person. Right? If the person wasn't
19 holding down fluids?

20 A. I can't say to seriousness.

21 Q. Okay.

22 In 2016, were you aware of any jail policies
23 that would have dictated that upon receiving a medical
24 request form with the kind of symptoms identified here in
25 Exhibit 5, that you were to immediately contact PA Logan

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1 Clark or somebody from Dr. Tubbs's office?

2 A. Not to my knowledge, there wasn't a policy.

3 Q. Okay. Had you received any training to do what
4 I just said as of November 2016?

5 A. Training --

6 Q. Yes.

7 A. -- and taught to me are two different things.

8 Q. Okay.

9 A. Uhm, training is a very official thing that you
10 go to and you're trained. So no.

11 Q. Had you been taught, prior to November 2016,
12 that if an inmate had been complaining of puking for four
13 days straight, runs, diarrhea, can't hold anything down, not
14 even water, that you were to immediately call PA Logan Clark
15 or somebody from Dr. Tubbs's office?

16 A. If I had been made aware of this situation,
17 that would have been what I had done -- would have done, yes.

18 Q. Would you have done that because you were
19 taught you do that or just because it made common sense to
20 you?

21 A. Both.

22 Q. Tell me what you had been taught in that regard
23 prior to November '16.

24 A. Taught?

25 Q. Yes.

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1 A. Unprofessionally? This is -- to me, this is
2 something that we experience every day. Uhm, that there
3 would be a risk of dehydration with these symptoms.

4 Q. Now, when you say "taught," then, you're
5 talking, it sounds like, about taught when you were going
6 through your LPN certification process?

7 A. Not necessarily just then, no.

8 Q. Okay. Did you get taught by anybody at the
9 jail on these issues?

10 A. No.

11 Q. Let's talk a little bit more about Wednesday,
12 November 30th, 2016. You told me earlier that you, on that
13 day, walked down to Madison's cell one time. Right?

14 A. In the afternoon, correct.

15 Q. You also told me, I believe, that you observed
16 Madison laying on her bed a couple of different occasions
17 through surveillance cameras in the control room?

18 A. Correct.

19 Q. Do you remember what time of day on Wednesday
20 it was that you walked down to her cell?

21 A. Yes.

22 Q. What time?

23 A. 4:00.

24 Q. In the afternoon?

25 A. Yes.

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1 Q. On the video image I've seen, it looks like
2 you're handing something through the door slot --

3 A. Correct.

4 Q. -- to somebody inside. Was that a Gatorade?

5 A. Yes, it was.

6 Q. Did you wait around at that point to see if
7 Madison drank any of that Gatorade?

8 A. No. I asked her if there was anything else I
9 could do for her, because I was leaving for the day. And she
10 denied needing anything at that time. And I walked away.
11 But I did observe her turning around and, you know, heading
12 back to where she would sit or lay down.

13 Q. You didn't know on Wednesday, November 30th,
14 whether she either drank any of the Gatorade that you had
15 given her or was able to keep it down?

16 A. No.

17 Q. And you didn't enter her cell on that occasion.
18 Correct?

19 A. I can't enter their cells. Not by myself.

20 Q. Did you take occasion on that November 30th to
21 look through the glass of her cell door -- or the window of
22 her cell door, rather, to look for evidence of vomiting or
23 diarrhea?

24 A. The only evidence that I saw was that there was
25 a couple of empty Gatorade bottles laying on the -- around.

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1 I just remember glancing at that. But I did not notice any
2 vomit or evidence of such.

3 Q. Were you looking for those things specifically?

4 A. I do. I -- well, when you see an inmate and
5 you go down, you just take in the whole picture and observe
6 it.

7 Q. So if I were to tell you that your encounter at
8 Madison's cell door lasted about ten seconds, then, you're
9 saying in that ten seconds you would have had a brief
10 conversation with Madison, handed her a Gatorade and quickly
11 scoped --

12 A. Yes.

13 Q. -- what her room looked like?

14 A. Correct.

15 Q. Do you remember having a discussion on
16 Wednesday, November 30th, with Deputy Caleb Bird about
17 Madison?

18 A. No.

19 Q. Nothing at all about any interaction with
20 Deputy Bird?

21 A. Yes.

22 Q. Concerning Madison?

23 A. A conversation? No. Something he said in
24 passing, yes.

25 Q. Tell me what you remember about that encounter.

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1 A. He had just taken -- went down to the area to
2 make his rounds.

3 Q. To court holding?

4 A. Yes.

5 Q. Okay.

6 A. To court-holding area to make his rounds. And
7 on his way back by, he said, She looks sick. And I said,
8 Yeah, we know. It was in passing. It was not a -- what I
9 would consider a conversation.

10 Q. Were you in your office when that happened?

11 A. Yes.

12 Q. What time of day did it happen?

13 A. I want to say it was during a med pass, but I'm
14 not for sure.

15 Q. Did Deputy Bird tell you on that occasion that
16 Madison had been too weak to stand up and get the medications
17 from him through the door?

18 A. No.

19 Q. Did he tell you that he went inside her cell to
20 give Madison her medication?

21 A. No.

22 Q. Did you tell Deputy Bird on that occasion that
23 you knew Madison was coming down from heroin?

24 A. No. I agreed with him that she looked sick.

25 Q. In one of the reports, the investigative

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1 reports concerning this case, it says that on Wednesday
2 evening at 2123 hours, an officer came to Madison's cell and
3 went inside carrying new bedding and a plunger. Are you
4 aware of that?

5 A. No.

6 Q. Did anybody at the jail ever report to you
7 that -- of doing something like that?

8 A. No.

9 Q. So I take it, then, that if an officer did go
10 down and do those things I just said, it wasn't based on
11 instructions from you?

12 A. I am not at work at that time.

13 Q. But you didn't give that instruction to any
14 officer before you left for the day on Wednesday either?

15 A. No.

16 Q. Now, Sergeant Purdy reports that on Thursday
17 morning, December 1st, she asked you if she could give
18 Madison a Gatorade because the night shift had told her
19 Madison was sick and vomiting. Do you remember that
20 conversation?

21 A. I remember Purdy asking if Madison could get a
22 Gatorade. And I said yes because she hadn't received one yet
23 that morning.

24 Q. Do you remember anything else about the
25 conversation?

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1 A. I don't.

2 Q. Now, Logan Clark arrived at the jail on
3 Thursday morning. Correct?

4 A. Correct.

5 Q. Do you remember what time?

6 A. I don't.

7 Q. Does he have a usual time that he arrives on
8 those days?

9 A. Anywhere from 7:30 in the morning until 10:00
10 depending upon how his other runs have went for the day, how
11 he's running his route.

12 (Court reporter interrupted for clarification.)

13 THE WITNESS: How he's running his route. You
14 see, he go to other jails. I'm sorry.

15 BY MR. HANCEY:

16 Q. Do you have any kind of understanding about
17 where Logan Clark might go before he comes to the Duchesne
18 jail on Thursdays?

19 MS. ABKE: Object to foundation.

20 BY MR. HANCEY:

21 Q. Do you know?

22 A. I know it changes. I mean, he can -- I don't
23 know how he sets his schedule.

24 Q. All right. You were with Logan Clark when you
25 found Madison deceased in her cell. Correct?

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1 A. Correct.

2 Q. That was around 1:30 in the afternoon?

3 A. I'm not sure the time. But it was midday, yes.

4 Q. Describe what you remember doing together with
5 Logan Clark, if anything, from the time that he arrived at
6 the jail on Thursday morning until the time you found Madison
7 in her cell.

8 A. We seen inmates.

9 Q. Were those visits taking place in your office?

10 A. Yes.

11 Q. Just one after the other?

12 A. Uh-huh.

13 Q. Okay. Do you remember about how many inmates
14 you two saw before finding Madison?

15 A. No.

16 Q. Do you think it's more than ten?

17 A. Some days, yes; some days, no.

18 Q. Well, how long does a normal -- is there a
19 normal time that a visit like that would last on a Thursday?

20 A. No. They vary depending upon if the -- the --
21 uhm, if it's a mental health visit or a well or a doctor
22 visit. He does both. Visits vary in times.

23 Q. Okay. Did you communicate anything to Logan
24 Clark on Thursday about Madison prior to finding her in her
25 cell?

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1 A. Yes.

2 Q. Describe for me all communications you had with
3 Logan Clark on that day about Madison before you found her
4 deceased.

5 A. To the best of my recollection, I remember --
6 we go through the files, the inmate files, before he calls
7 them down. I will tell him a little bit about each inmate.
8 So I told him that she was getting Gatorade; that she, uhm,
9 wrote down that she's having nausea -- or diarrhea and
10 vomiting, but yet when I ask her that, she denies it. And
11 that we needed to see her at -- in our visits.

12 Q. So on Thursdays when Logan Clark comes to the
13 jail, do you and he go through the list of the medical files
14 that you've told me you had ready for him first thing in the
15 morning?

16 A. Yes.

17 Q. You go through all of them before you see any
18 patients?

19 A. Yes.

20 Q. So then your testimony would be that one of the
21 medical files that you discussed with Logan Clark upon his
22 arrival and before seeing any patients would have been
23 Madison Jensen's Exhibit 5 request form?

24 A. Yes.

25 Q. On that occasion when you went over Madison's

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1 medical request form with Logan Clark on Thursday morning,
2 did you -- do you know whether or not Logan Clark actually
3 received or had the opportunity to review what she had
4 written?

5 A. Yes. That's how he decides what inmates he's
6 going to see or not.

7 Q. Did you observe him read Madison Jensen's?

8 A. I was in the room. I don't know whether I
9 actually witnesses him or if I was doing work on the
10 computer. I couldn't tell you.

11 Q. So then you believe that Logan Clark, when he
12 arrived at the jail first thing on Thursday morning, read
13 Madison's statement, puking for four days straight, runs,
14 diarrhea, can't hold anything down, not even water?

15 A. Would I assume that?

16 Q. Yes.

17 A. Yes.

18 Q. Did Logan Clark set the order for which he
19 would see patients that day?

20 A. Yes.

21 Q. Did he discuss that order with you?

22 A. No.

23 Q. Do you know anything about how he set his
24 schedule that morning as far as what order he would see
25 patients?

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1 A. His routine?

2 Q. Yes.

3 A. He would see all the patients from the blocks
4 would come down. We would see them. Then we make our rounds
5 to the outlying cells, as in court holding, booking and iso.

6 Q. So are you saying the normal practice that was
7 followed in November 2016 was that when Logan Clark came on
8 Thursdays for his weekly visits, the inmates being housed in
9 the letter cells would be seen before the inmates that were
10 in the outlying cells specifically for medical observation
11 reasons?

12 A. No. I didn't say they for -- were for medical
13 observation reason. Some of them are just housed for who
14 knows what reasons.

15 Q. Okay.

16 A. But yes, he does see those in the general
17 population, and then we go to the other areas.

18 Q. Do you know if that routine that you just
19 described, as far as order, was Logan Clark's own or
20 something that the jail dictated to him?

21 A. I have no idea.

22 Q. Did you tell Logan Clark to do it that way?

23 A. No.

24 Q. But the upshot of what you've just told me is
25 that if an inmate was, in fact, being housed inside court

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1 holding for medical observation reasons, they would be one of
2 the last people seen by PA Clark. Is that right?

3 A. At this time, yes.

4 Q. In November of '16. Right?

5 A. Yes.

6 (Whereupon, Exhibit No. 14 was marked for
7 identification.)

8 BY MR. HANCEY:

9 Q. Ms. Clyde, you've been handed what's been
10 marked as Exhibit No. 14. This is a transcript of Logan
11 Clark's interview with investigators from the attorney
12 general's office. Can I direct your attention to Page 11 of
13 that document? Are you there?

14 A. Uh-huh.

15 Q. Okay. In about the middle of the page, Logan
16 Clark says that he -- he thinks he arrived at the jail, and
17 he's talking about December 1st, at about 9:30 or something
18 like that. Do you see that?

19 A. Yep.

20 Q. Is that consistent with your independent
21 recollection of when he might have arrived?

22 A. I have no recollection. He arrived at
23 different times. But it was usually by morning -- through
24 the morning hours.

25 Q. Let me read to you now the next big paragraph,

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1 okay? This is Clark speaking.

2 MS. ABKE: What page are we on, again?

3 MR. HANCEY: Page 11. It's Bates 47.

4 MS. ABKE: Thank you.

5 BY MR. HANCEY:

6 Q. And I'm going to start at the very end of the
7 line, okay? He says, "I came in um, and uh, there was quite
8 a few patients to see and then I was seeing them, doing some
9 mental health, talking to some of the uh, girls and uh, some
10 of the other people knew of this suicide and then went
11 through my list and then um, as finishing up Jana said, uh,
12 something to the effect of uh, we got this uh, girl down
13 court holding, that's uh, been uh, really sick um, I think
14 you, she said something like, she's been complaining of
15 having the flu, but she might be going through withdrawals,
16 Would you mind seeing her? Sure, that would be great and so,
17 uh, at that time uh, left the" -- and he goes on. So let me
18 just stop there.

19 Well, and then he talks about when he walks
20 down to the cell and finds Madison. But let me just ask you.
21 Concerning the part of his statement that I just read, do you
22 agree or disagree?

23 A. So this statement is kind of confusing to me.
24 When he came, we had talked about a suicide that had
25 previously happened in the jail with a few of us, kind of

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1 assessing that situation. Then he went on and went through
2 the files of the inmates. Yes, we addressed Madison Jensen.
3 Then we saw inmates. Then he went down.

4 Q. Logan Clark's statement at least makes it
5 appear as though you mentioned Madison to him almost in
6 passing near the end of his visit, and that's what prompted
7 him to walk down to her cell. Do you remember it that way?

8 A. No.

9 Q. If you look at the next paragraph on that page,
10 and I'm just paraphrasing here, Clark describes walking to
11 Madison's cell, looking through the window, and based on what
12 he sees, before he even enters the cell, asks for an
13 ambulance to be called. Is that your recollection?

14 A. Not exactly to that, no.

15 Q. How is your recollection different?

16 A. We walked down. I approached the door first.
17 I looked in. I seen Madison. And then I knocked on the
18 window and was yelling at her trying to, you know, get her
19 attention. Then Logan peeked in, and he started -- I believe
20 he started knocking. I'm not sure.

21 He turned to me, and he says, Get help. I
22 went -- I hollered down the hall and ran for the staff office
23 where we have somebody to have keys to get us in that cell.
24 And then he asked for an ambulance at some point.

25 Q. Do you know who called the ambulance?

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1 A. I don't.

2 Q. But it sounds like you and Clark were
3 eventually able to get in the cell?

4 A. Correct.

5 Q. Did you both then initiate CPR?

6 A. Actually, I believe Sergeant Gibbons was the
7 one who initiated CPR, because he's the one that brought the
8 keys to get us in.

9 Q. Logan Clark didn't?

10 A. No. The -- it was initiated by Sergeant
11 Gibbons.

12 Q. Please turn the page in that exhibit to
13 Page 12.

14 A. Okay.

15 Q. It's Bates No. 48. And let me direct your
16 attention to the big paragraph in the middle of that page.

17 A. Uh-huh.

18 Q. And in this paragraph, Logan Clark is
19 describing conversations that he's had with you, and about in
20 the middle of that paragraph, he says that you told him that
21 on Monday Madison's vitals were normal.

22 Do you see that?

23 A. Correct. I see that.

24 Q. Is that something that you told Logan Clark?

25 A. I don't recall.

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1 Q. But it wouldn't have been a true statement if
2 you said that because her blood pressure was high on Monday.
3 Correct?

4 A. Correct. That's why I don't recall saying
5 that. I don't believe I would have said that.

6 Q. You're not in the practice, or you weren't at
7 that time, of describing vitals that weren't true or
8 accurate?

9 A. Correct.

10 Q. In the next line, he attributes this statement
11 to you. "Then Jana said something like, I've been checking
12 on her every day, she hasn't really been getting worse, but
13 she isn't really getting better, so we wanted you to see her
14 today."

15 Do you remember saying something like that to
16 Logan Clark at some point?

17 A. Yes.

18 Q. When?

19 A. It would have been during our visit.

20 Q. After Madison was deceased?

21 A. No. It would have been before.

22 Q. So Thursday morning?

23 A. I would assume, yes.

24 Q. Turn to the next page, please. This is Bates
25 No. 49. In about the middle of the page, there's a two-line

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1 paragraph starting with Clark saying, "Uhm, I, I." Do you
2 see that?

3 A. Yes.

4 Q. Okay. He says there, and I'm paraphrasing, If
5 they were concerned enough to move her to medical, I should
6 have gotten a phone call.

7 Do you agree that when Madison was moved to
8 court holding for medical observation, somebody at the jail
9 should have contacted PA Logan Clark?

10 MR. HOMER: Objection. Foundation.

11 BY MR. HANCEY:

12 Q. I'm asking for your opinion.

13 A. No.

14 Q. And why do you say no? Why do you disagree
15 with Logan Clark?

16 A. She had not gotten worse. She had not changed
17 from when I seen her on Monday. If she had declined, gotten
18 worse, then that's where things was. Once again, I stated I
19 was not aware of vomiting or diarrhea; she had not saved any
20 for me to see. So in my mind, nothing had changed.

21 If things had changed, if things had declined,
22 then he would have been in -- you know, gotten a phone call.
23 Otherwise, she was -- from all, uhm, points of view I seen,
24 she was stable.

25 Q. But do you disagree more generally with his

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1 assertion that if an inmate is moved somewhere for medical
2 observation reasons, that he should be contacted? In 2016?

3 A. Yes and no. Once again, depending upon the
4 reason the patient was moved there and the -- the -- what the
5 patient was going through. Some patients just get moved
6 there because of a -- a small thing. So, yeah -- no, I
7 guess, would be my answer.

8 Q. Let me have you look at Bates Page 54 of this
9 same exhibit. By the way, before I go there, at any time
10 prior to November of 2016, did Logan Clark ever communicate
11 to you an expectation that any time an inmate was moved
12 somewhere for medical observation, that he be contacted?

13 A. No.

14 Q. Okay. Looking at page Bates 54. The -- near
15 the bottom, about a three-line paragraph, Clark says at the
16 end there, "So if someone is throwing up, I would want a
17 phone call."

18 Prior to November 2016, did Logan Clark ever
19 communicate to you an expectation that any time an inmate was
20 throwing up, he should be contacted?

21 A. No.

22 Q. Has that been communicated to you since?

23 A. Yes.

24 Q. Turn the page, Bates No. 55. About ten lines
25 down, Clark says this: "And they have before. I mean, I

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1 certainly received many phone calls on patients that are
2 throwing up."

3 You see that?

4 A. Uh-huh.

5 Q. Is it true that prior to November 2016, you had
6 contacted Logan Clark on occasions where patients were
7 throwing up in the jail?

8 A. Not to my knowledge.

9 (Whereupon, Ms. Heather Jensen left the
10 deposition proceedings.)

11 BY MR. HANCEY:

12 Q. Turn to Bates 58, please. All right. The
13 third paragraph down, Logan Clark says this starting with the
14 second line. He says, "I'm pretty sure that uh, the officer
15 was checking on her," meaning Madison, "once an hour, or
16 that's what their goal was, that, that they walk around and
17 check on anybody in booking, isolation or court holding once
18 an hour."

19 Is that your understanding of what the jail's
20 policy or practice was in November 2016?

21 A. Yes.

22 Q. Tell me how that practice -- how that would
23 work in real life. How would those checks take place?

24 A. You'd probably have to talk to a deputy. I
25 don't do those checks.

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1 Q. Well, you did say that you knew that it
2 happened. What do you know about it?

3 A. They -- I just heard them talk about making
4 rounds. I know that they're supposed to make rounds once an
5 hour.

6 Q. How do you know that?

7 A. I just hear them talking about making rounds.
8 The radio, the controller would say, you know, We need an 11
9 o'clock round. I have never made rounds. Those are the
10 responsibilities of a deputy.

11 Q. Would you say that Madison's physical condition
12 had noticeably deteriorated between November 28th and
13 December 1st?

14 A. No. That's why PA Logan didn't get a phone
15 call.

16 Q. Then let me ask this. Apart from being
17 deceased, when you saw Madison dead on December 1st,
18 physically did she look like you remember seeing her on
19 Monday, November 28th?

20 A. Yes.

21 Q. You have Exhibit 14 there. Let me have you
22 turn to Bates No. 49. This is Logan Clark talking about what
23 he observed when he saw Madison dead. Okay? And it's about
24 12 lines down. He says, "You could see that she had sunken
25 cheeks, sunken eyes. She looked under weight. She looked

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1 like she had been using a lot of drugs."

2 Would you agree with his description?

3 A. Yes.

4 Q. So then would you agree that she looked like
5 that when you first saw her on Monday?

6 A. Yes.

7 Q. Did you fill out a report or prepare a report
8 on the day that Madison was found dead in her cell?

9 A. Yes.

10 Q. Did somebody ask you to do that?

11 A. Yes.

12 Q. Who?

13 A. It could have been Sergeant Gibbons, Sergeant
14 Atford or Lieutenant Curry.

15 Q. You don't remember?

16 A. No.

17 (Whereupon, Ms. Heather Jensen returned to the
18 deposition proceedings.)

19 BY MR. HANCEY:

20 Q. Obviously, when you filled out that report, the
21 events that you were writing about were fresh in your mind.
22 Right?

23 A. Fresh and confused at the same time, yes.

24 Q. Were you trying to be truthful and accurate in
25 that statement?

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1 A. To the best I could, yes.

2 Q. At any time during Madison's incarceration,
3 were you made aware that jail personnel were trying to get
4 Madison to take a shower, but she was responding that she
5 wasn't feeling up to it?

6 A. No.

7 Q. From November 27th to Madison's death on
8 December 1st, did you create any documents or records
9 pertaining to Madison or her health, symptoms or the
10 treatment you had given her?

11 A. Outside of the vital signs, no.

12 (Off-the-record discussion)

13 (Whereupon, Exhibit No. 4 was marked for
14 identification.)

15 BY MR. HANCEY:

16 Q. Ms. Clyde, you've been handed what's been
17 marked as Exhibit 4. This is a report from the Office of the
18 Medical Examiner concerning Madison. I'd like to direct your
19 attention to Bates Page 35, please.

20 Okay. Now, this is a report given by
21 investigator John Crowley or Crowley. At the very top there,
22 he says, "On December 1st, 2016, at about 1333 hours, I was
23 contacted by the Duchesne County Jail about a female that had
24 overdosed and was unresponsive and found in a holding cell."

25 My question to you is, did you -- are you the

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1 one that contacted John Crowley?

2 A. No.

3 Q. Did you contact the Office of the Medical
4 Examiner?

5 A. No.

6 Q. Do you know who did?

7 A. No.

8 Q. Under the heading Scene Description a few lines
9 down, at the very end of that paragraph, he says, "I was
10 informed that the decedent, Madison Jensen, was down
11 there" -- I think meaning court holding -- "because she was
12 coming down off of heroin and going through withdrawals."

13 Did you ever tell that to John Crowley?

14 A. No.

15 Q. Do you know who did?

16 A. No.

17 Q. Look at the next page, page Bates 36. At the
18 very top of the page, John Crowley reports this: "The body
19 was discovered by PA Logan Clark and Jana Clyde when they
20 went to check on her at 1328 hours. They were to check on
21 her because Madison was so sick." I'm just going to stop
22 there.

23 Did you report that to John Crowley?

24 A. No.

25 Q. Is that consistent with your recollection of

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1 what happened?

2 A. No.

3 Q. Do you know whether or not you discovered the
4 body at about 1328 hours?

5 A. I would assume sometime during the day that
6 we -- like I said, it was mid day. I don't know the exact
7 time.

8 Q. Two paragraphs down, I asked you about this
9 already, but he says, "I noticed her hair was very dirty and
10 I did find that the jail staff had been trying to get her to
11 take a shower but she did not feel up to it."

12 And your testimony is that you had no knowledge
13 of that fact. Right?

14 A. Correct.

15 Q. Now, in the second paragraph from the bottom,
16 under Medical Records, second paragraph there.

17 A. Uh-huh.

18 Q. Crowley says this: "In talking with the Jail
19 nurse Jana Clyde she stated that when Madison came into the
20 jail she started going through withdrawal type symptoms and
21 they had in the court holding cell" -- they had her "in the
22 court holding cell to watch her. Jana stated that she was
23 not eating and that they were giving her Gatorade drinks to
24 help Madison."

25 Did you convey that information to Crowley?

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1 A. No, I did not. I have no report of -- never
2 got any report of what she was or was not eating.

3 Q. Well, let's break it down. Did you tell
4 Crowley that Madison started going through withdrawal-type
5 symptoms when she came into the jail?

6 A. Not to my knowledge.

7 Q. You don't remember?

8 A. No.

9 Q. Did you tell Crowley that you had Madison in
10 the court-holding cell to watch her?

11 A. Yes.

12 Q. Did you tell Crowley that you were giving
13 Madison Gatorade drinks to help her?

14 A. That was probably a possibility. I told him we
15 were giving her Gatorade. I don't know if I defined why.

16 Q. But you deny telling Crowley that Madison was
17 not eating?

18 A. Correct.

19 Q. Are you familiar with the term "call button" as
20 that may be used in the context of the Duchesne County Jail?

21 A. Yes.

22 Q. Okay. Describe for me what a call button is
23 and what it does.

24 A. Uhm, to my knowledge, I don't know exactly
25 where they're found. I -- if they're in each cell or not.

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1 But in regards to the court holding, there's a call button on
2 the inside of the court-holding cell, and an inmate can push
3 that at any time to get to control and ask them anything they
4 need.

5 Q. So does pushing the call button open a channel
6 of communication between the inmate and somebody in the
7 control room?

8 A. To the best of my knowledge, yes.

9 Q. Do you know whether or not there are call
10 buttons in the letter cells?

11 A. I know they have them. I don't know where
12 they're located. I don't know if they're in general
13 population, in the commons area, or if they're in the each
14 cell. I have no idea.

15 Q. Do you know how many jail staff members are
16 working in the control room at any given time?

17 A. Are working in there or are in there? Deputies
18 are often in there doing work.

19 Q. Or assigned to be in there?

20 A. Okay. There's a controller in there at all
21 times.

22 Q. I see. Okay. Is that just a regular deputy on
23 rotation?

24 A. No.

25 Q. Or is it an assigned?

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1 A. It's an assigned job.

2 Q. What do you know, if anything, about what the
3 controller's responsibilities are?

4 A. I don't. I've never worked control. I
5 couldn't tell you what the responsibilities are.

6 Q. In the time that -- from the time that you were
7 hired by the jail until November of 2016, did a jail
8 controller ever contact you about something medically related
9 to an inmate?

10 A. Yes.

11 Q. And on how many occasions? Does it happen a
12 lot?

13 A. I was going to say, you're asking me to tell
14 you over a five-year period?

15 Q. Did it happen frequently?

16 A. Often. I don't know if I'd say frequently, but
17 it happened.

18 Q. Describe for me a couple of instances, the
19 facts about a couple instances that you can remember when you
20 were so contacted. What kinds of things would the controller
21 report to you?

22 A. Someone having a seizure. That's probably one
23 of the ones I get the most calls on.

24 Q. Okay. Anything else?

25 A. Uhm, if somebody was -- there was a fight, and

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1 somebody was down, possibly. If someone was down for an
2 unknown reason. If there was some reason that the inmate
3 was unable -- they were unable -- to call me down there to
4 see an inmate that wasn't able to get up and come see me, I
5 would say, would be kind of a good description.

6 Q. Do you recall any occasions where the
7 controller contacted you for -- because the controller
8 witnessed an inmate vomiting?

9 A. No.

10 Q. Because the controller witnessed an inmate
11 having diarrhea?

12 A. I don't know how a controller would witness a
13 inmate having diarrhea. It's not...

14 Q. So I guess the answer is no?

15 A. Exactly.

16 Q. Are you aware of any policies that the jail had
17 in place in November 2016 about the kinds of things a
18 controller was supposed to report to you?

19 A. No.

20 Q. Do you know whether or not instances in which
21 an inmate presses the call button are recorded by the jail in
22 some way?

23 A. I have no idea about that.

24 Q. Do you know whether or not the reasons for
25 which an inmate pushes the call button are recorded by the

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1 jail in any way?

2 A. No.

3 Q. Have you ever been seen documents from an
4 inmate who has pressed the call button for medical reasons?

5 (Court reporter asked for clarification.)

6 (Record read)

7 (Off-the-record discussion)

8 BY MR. HANCEY:

9 Q. Have you ever seen documentation identifying
10 medical reasons for which an inmate pressed the call button?

11 A. Not to my recollection.

12 Q. Are you aware of any policies that might have
13 been in place at the jail in 2016 concerning the
14 circumstances under which the controller was to report
15 certain observations to you as the nurse?

16 A. No.

17 Q. If I were to represent to you that Madison's
18 first cell was in the H Block at the jail, do you know
19 whether or not H Block cells have call buttons?

20 MR. MYLAR: Asked and answered.

21 THE WITNESS: Yeah.

22 MR. HANCEY: You can answer.

23 THE WITNESS: Like I stated earlier, I don't
24 know. I know every block has a call button. I don't know if
25 it's one call button in the commons area or if they're

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1 individual ones in each cell. I don't know.

2 BY MR. HANCEY:

3 Q. I didn't understand that was your answer. So
4 there may be a block that has one call button for the entire
5 block?

6 A. I don't know.

7 Q. You don't know. Okay.

8 A. I just know that there's access in each block
9 to a call button.

10 Q. Okay. Better question for somebody else?

11 A. True.

12 Q. Okay.

13 For the entire duration of Madison's
14 incarceration, were you ever informed by anybody that Madison
15 had pressed the call button?

16 A. No.

17 (Whereupon, Exhibit No. 10 was marked for
18 identification.)

19 BY MR. HANCEY:

20 Q. Ms. Clyde, you've been handed what's been
21 marked as Exhibit No. 10. Have you ever seen that before?

22 A. No.

23 Q. Have you ever seen a record called inmate notes
24 by date for any inmate?

25 A. In -- inmate notes by date?

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1 Q. That's what the front page says.

2 A. I have not seen this front page ever.

3 Q. Are you aware whether or not correctional
4 officers are supposed to record notes for certain things
5 concerning inmates?

6 A. I don't know what the correctional officers are
7 required to do.

8 Q. Okay.

9 MR. HANCEY: This is Exhibit 13.

10 (Whereupon, Exhibit No. 13 was marked for
11 identification.)

12 BY MR. HANCEY:

13 Q. You've been handed what has been marked as
14 Exhibit 13. Do you recognize what that is?

15 A. It is an opiate and/or heroin withdrawal.

16 Q. Have you ever seen it?

17 A. Yes.

18 Q. When?

19 A. To the best of my knowledge, it was in January
20 of 2017.

21 Q. Is it your understanding, ma'am, that
22 Exhibit 13 represents the opiate and/or heroin withdrawal
23 policy was implemented in the jail sometime after Madison's
24 death?

25 A. Uhm...

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1 MR. MYLAR: I think you already asked these
2 questions about this exhibit.

3 MR. HANCEY: This is a new exhibit.

4 MR. MYLAR: It's the same one.

5 MR. HANCEY: It's a new exhibit.

6 MR. HOMER: It's similar to 39.

7 MR. HANCEY: It's different.

8 MR. HOMER: On this line of questioning, I'll
9 just object on foundation as a running objection.

10 MR. HANCEY: Okay.

11 THE WITNESS: Yes, it looks to be the one that
12 was implemented.

13 MR. HANCEY: Okay.

14 BY MR. HANCEY:

15 Q. Let me have you go back to Exhibit 14 that we
16 looked at a little earlier. Again, this is the Logan Clark
17 transcript of an interview he had with the attorney general
18 investigators. And let me have you look at Bates No. 39, if
19 you would.

20 In the big paragraph in the middle of the page,
21 second line down at the end, Clark says that we're on call
22 coverage 24 hours a day. Was that your understanding in
23 November of 2016?

24 A. Yes.

25 Q. Was it your understanding at that point in time

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1 that people from the jail could contact Logan Clark or
2 somebody else at Dr. Tubbs's office regardless of what time
3 of day it was?

4 A. Yes.

5 Q. Seven days a week?

6 A. Yes.

7 Q. Is it also your understanding that either you
8 or any correctional officer could contact Logan Clark as need
9 be?

10 A. Yes.

11 Q. Look at Bates No. 41. About ten lines up from
12 the bottom, Clark is asked about a -- whether he had any
13 phone calls with you about Madison. His answer is, "I
14 believe I received one phone call, maybe Monday um, on a
15 medication approval for Clonidine and that was uh, the only
16 was just uh, a quick phone call."

17 Is that consistent with your recollection?

18 A. Yes.

19 Q. But you would add to this that you also brought
20 up her other two prescriptions at that time to Logan Clark.
21 Right?

22 A. Yes.

23 Q. Look at Bates No. 43. The first -- the first
24 large paragraph. Logan Clark is describing sort of the
25 protocol for opiate -- opioid withdrawals, and he says this.

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1 "So opioid withdrawals we typically, you know when they book
2 in um, they say they're opioid withdrawals we'll do some uh,
3 vital signs, they will be placed uh, maybe uh, in uh,
4 observation um, you know they will uh, receive the vital
5 signs if they start making complaints of uh, symptoms, then
6 we'll treat those symptoms and then we'll monitor them
7 closely, make sure they fluid. Um, we do Gatorades um, you
8 know, we tell them drink plenty of water, let us know if this
9 isn't working.

10 "We try to do kind of a liquid diet, maybe an
11 uh, soft diet, something they can try to keep food down. If
12 symptoms don't improve, you know we start medication and then
13 you know typically that includes Clonidine um, maybe some
14 Zofran um, for some nausea they're having some diarrhea,
15 those are the typical main symptoms that you have on an
16 opioid withdrawal."

17 Is that consistent with what you understood the
18 practice to be for inmates displaying symptoms of opioids
19 withdrawals in 2016?

20 A. No. This was implemented in January 2017.

21 Q. Okay. In 2016, was it your practice to --
22 well, was it your experience that Logan Clark would prescribe
23 Zofran for inmates that you reported were vomiting?

24 A. On pregnant females.

25 Q. What about non-pregnant females?

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1 A. Not often, no.

2 Q. Look on page -- Bates Page 44. At the end of
3 the first big paragraph there, Logan Clark says this:
4 "Again, vital signs once a day and being checked on routinely
5 during the day by officer and/or medical. But the big is if
6 symptoms progress or worsen, then I should be notified."

7 Is that your understanding of what the jail's
8 policy was in November of 2016 for inmates displaying
9 symptoms of opioid withdrawal?

10 A. No.

11 Q. Because you didn't take Madison's vitals signs
12 once a day for the time she was in there. Correct?

13 A. Correct.

14 Q. Your recollection is that you took them on
15 Monday and then no other day?

16 A. I took them initially on Monday. I do believe
17 that I took one on Tuesday, but it was not recorded, and it
18 was normal. She had started the clonidine which is also a
19 blood pressure medication.

20 Q. Okay. Now, I asked you before whether you took
21 her vitals on Tuesday, and I thought you said no. But your
22 recollection is you might have?

23 A. No. I said no, I -- as in, you asked me when I
24 recorded -- if I recorded my vital signs. I did Monday's.

25 Q. I see.

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1 A. I did not record them on Tuesday because the
2 vital sign was normal.

3 Q. Was that the normal practice to not record if
4 they were normal?

5 A. Under this, yes.

6 Q. What do you mean, "under this"?

7 A. Well, if it's -- a person's on lisinopril, a
8 blood pressure medication, and I've been ordered by the
9 doctor to take it daily, then I record it daily. So this was
10 a different situation.

11 Q. But you weren't aware of any policy nor had you
12 been trained as November 2016, as I understand your
13 testimony, that if an inmate was displaying signs of opioid
14 withdrawal, vomiting, diarrhea, et cetera, that you were
15 required to take that person's vitals daily?

16 A. No.

17 Q. What I said is correct, that's not your
18 understanding at the time --

19 A. Correct.

20 Q. -- right?

21 A couple lines down from where we read on this
22 Page 44, Clark says this: "We had this before where a
23 patient is just not responding, and we've sent them to the
24 hospital. And again that is definitely an option that we use
25 quite a bit."

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1 Do you agree that in 2016 a common option that
2 the jail used for inmates displaying signs of opioid
3 withdrawal were sent to the hospital?

4 A. No.

5 Q. Are you aware of that ever being done in 2016
6 for those kinds of symptoms?

7 A. Not to my knowledge in regards to opiate. Yes,
8 we've sent others to hospital for other situations.

9 Q. But what about for vomiting and diarrhea and
10 signs of withdrawals?

11 A. Not to my knowledge that year, no.

12 Q. Have you been instructed since Madison's death
13 to consider that as an option?

14 A. Yes.

15 Q. In the next paragraph on Page 44, Clark is
16 asked to describe the symptoms of heroin withdrawal. He
17 says, "Shaking, sweating, nausea, diarrhea, hallucinations,
18 you know, things like that. There's neurological and
19 physical changes that can happen. Difficulty sleep,
20 difficulty eating."

21 Do you agree with his description of heroin
22 withdrawal symptoms?

23 A. Yes.

24 Q. Is that consistent with your personal
25 experience and training?

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1 A. Once again, training?

2 Q. I'm sorry.

3 A. I have not been to a formal training in opiate
4 withdrawal.

5 Q. Is it consistent with your -- the training you
6 received as you were getting certified as an LPN?

7 A. These are typical withdrawal symptoms of any --
8 any withdrawal symptoms.

9 Q. He then goes on to say, "We ensure that
10 dehydration, that's our main thing is to avoid."

11 Is it your understanding -- was it your
12 understanding in 2016 that somebody experiencing the symptoms
13 of opioid withdrawal or heroin withdrawal was a -- had an
14 increased risk of becoming dehydrated?

15 A. Anybody that's experiencing vomiting, diarrhea,
16 has an increased risk. Whether they're the flu or a
17 withdrawal, has an increased risk of dehydration, correct.

18 Q. I think you've already said this, but just to
19 be clear. In 2016, at least, the Duchesne County Jail was
20 not equipped to administer IV fluids if an inmate needed that
21 treatment. Is that right?

22 A. Correct.

23 Q. That person would need to be shipped off to a
24 facility that could do that?

25 A. Yes.

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1 MR. HANCEY: This is Exhibit 22.

2 (Whereupon, Exhibit No. 22 was marked for
3 identification.)

4 BY MR. HANCEY:

5 Q. You've been handed what has been marked as
6 Exhibit 22. Have you ever seen a form like this before?

7 A. Yes.

8 Q. What is it?

9 A. A suicide watch form.

10 Q. Now, on this particular example, you see that
11 the word "suicide" was crossed out and somebody has
12 handwritten above it the words "medical observation." Right?

13 A. Yes.

14 Q. Have you ever seen this done -- that done
15 before?

16 A. Not to my knowledge.

17 Q. Do you know who filled out this Exhibit 22?

18 A. No. Oh, it says Deputy Roberts.

19 Q. Now, I understand that this just an example.
20 This is an inmate that has nothing do with this case.

21 A. Correct.

22 Q. But what would -- at least in November of 2016,
23 what would a form like this typically be used for?

24 A. The suicide form?

25 Q. Yes.

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1 A. For somebody who is on suicide watch.

2 Q. How would it be used in practice?

3 A. As in regards to...

4 Q. Well, so I take it that one of these would be
5 filled out if the jail learns that an inmate is suicidal?

6 A. Correct.

7 Q. And then what is done with the completed form?

8 A. Once it's all filled out or before?

9 Q. Once the --

10 A. This is just -- this is filled out on top
11 saying what the suicide watch. It is then taped or clipped
12 to the cell of which the inmate that is on suicide watch.
13 Then officers date, time and initials what that inmate was
14 doing during their checks.

15 This one was on Q hour checks, every hour
16 checks. That's what was circled on this one. So every hour,
17 they would have to check and note on this sheet every hour,
18 the date, the time, what that inmate was doing, what they
19 observed the inmate doing and then initial it.

20 Q. When a particular inmate is on suicide watch
21 and has one of these forms clipped to their door, how does
22 your involvement with that particular inmate change, if at
23 all?

24 A. Because the form -- once they're put on suicide
25 watch or...

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1 Q. Well, I assume that every inmate that is on
2 suicide watch has a form --

3 A. Correct.

4 Q. -- this like on their door. Is --

5 A. Yes.

6 Q. -- that right?

7 A. Yes.

8 Q. Okay. So once that happens, how does your
9 involvement change, if at all?

10 A. I also am one of the ones that would check
11 them. I make a practice of, you know, checking on them a
12 couple of times a day. Uhm, I would also, then, with certain
13 inmates who are on suicide watch, I would talk to them, see
14 if they could commit to safety.

15 Then I would get hold of PA Logan, and he would
16 decide whether or not if that inmate could be moved to
17 another -- a different type of suicide watch, which would
18 be -- I don't know if this was -- well, this isn't even in
19 regards to a suicide. This is just a -- but in regards to
20 suicide, then we would take them from a full suicide watch to
21 a modified suicide watch.

22 Q. In 2016, I take it, there were several inmates
23 that were put on medical observation watch. Is that right?

24 A. I have no record of who or what.

25 Q. Is that something that happens relatively

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1 frequently?

2 A. No.

3 Q. Okay. When it did happen in 2016, was the
4 practice at the jail to take one of these forms and cross out
5 suicide and make it a medical observation watch form?

6 A. No.

7 MR. HOMER: Objection. Foundation.

8 BY MR. HANCEY:

9 Q. Do you know whether or not one of these forms,
10 whether identified as a suicide watch or medical observation
11 watch, was clipped to the outside of Madison's cell at any
12 time during her incarceration?

13 A. No.

14 Q. It wasn't or you don't know?

15 A. It was not.

16 Q. If Madison was on medical observation watch in
17 November of 2016, why wasn't one of these forms --

18 A. This is not --

19 Q. -- on her door?

20 A. -- common practice. I don't know why this was
21 done. We don't put up a form for a medical watch.

22 Q. So this is an anomaly, this exhibit here?

23 A. Yes.

24 Q. I see.

25 *

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1 (Whereupon, Exhibit No. 25 was marked for
2 identification.)

3 BY MR. HANCEY:

4 Q. Okay. Ms. Clyde, you've been handed what has
5 been marked as Exhibit 25. This is the responses that I got
6 back from the County, okay, in discovery in this case. Let
7 me direct your attention first to Page 6. In the second
8 paragraph of Response No. 3, the County says this: "Jana
9 Clyde saw Madison multiple times each day."

10 Is that a true statement?

11 A. No.

12 Q. The last line says this: "Jana Clyde, Logan
13 Clark and Dr. Tubbs were responsible for inmates' medical
14 care." Do you agree with that?

15 A. Uhm, let me clarify. I am only responsible for
16 the inmates' medical care while I'm on shift.

17 Q. Otherwise, who is?

18 A. The corrections officers.

19 Q. Turn a couple of pages to Page 8, if you would.
20 In the middle of Response No. 5, the County says, "Madison
21 looked like a typical heroin addict."

22 Do you agree or disagree?

23 A. I agree.

24 Q. Do you know who Andy Minerod is?

25 A. Yes.

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1 Q. Who?

2 A. He is somebody that works for Uintah County.

3 Q. Do you understand that he participated in the
4 outside agency investigation into this incident?

5 A. Yes.

6 Q. Do you remember speaking with him, as well as
7 Logan Clark, on December 1st after Madison had passed away?

8 A. Yes, I remember speaking with him.

9 Q. Do you recall Logan Clark being there?

10 A. Yes.

11 Q. Do you recall Logan Clark telling Mr. Minerod
12 that Madison was on the jail's heroin withdrawal protocol?

13 A. I do not.

14 Q. If he said that, would you agree with that
15 statement?

16 A. No.

17 Q. Why not?

18 A. Because I don't have evidence that she was on
19 heroin. She denied it.

20 Q. Did the jail have a heroin withdrawal protocol
21 at that time?

22 A. No.

23 MR. HANCEY: This is Exhibit 31.

24 (Whereupon, Exhibit No. 31 was marked for
25 identification.)

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1 BY MR. HANCEY:

2 Q. Ms. Clyde, you've been handed what has been
3 marked as Exhibit 30, and I'll represent to you that this is
4 a --

5 MR. MYLAR: Excuse me, I think it was 31.

6 MR. HANCEY: 31. Thank you.

7 BY MR. HANCEY:

8 Q. One of the Duchesne County Jail policies that
9 was produced to me in this litigation. Okay?

10 A. Okay.

11 Q. This looks to me like it was the jail's policy
12 pertaining to healthcare records from 2016. Do you recognize
13 it as such?

14 A. I have -- I am not familiar with this.

15 Q. Had you -- do you remember ever seeing the
16 jail's policy on healthcare records before November 2016?

17 A. No.

18 Q. Did you receive any training from the jail
19 about its healthcare records policy prior to November 2016?

20 A. Once again, the key word, training. I was --

21 Q. Was it ever explained to you?

22 A. Not the policy, as in this, but I was taught on
23 how they do things. So whether that conflicts with this or
24 not, I don't know.

25 Q. Tell me, then, for starters, what you were

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1 taught before November 2016 about healthcare records of jail
2 inmates.

3 A. Things that I need to record or what I do with
4 their records?

5 Q. All of the above.

6 A. All of the above?

7 Q. Yes.

8 A. We record medications, whether they take them
9 or not. We contact doctors' offices for records and verify
10 medications that they're on. These are all things that are
11 part of the medical records that I did. Medical records as
12 in health -- PA Logan's -- what do I want to call them?
13 Dictations, I re -- I keep them. I keep all the medication
14 sheets. Is that what you're referring to?

15 Q. Is that all you can remember right now?

16 A. At the moment, yeah.

17 Q. Well, let's go through this Exhibit 31 a little
18 bit. Look at the first letter "A" on Bates 1884. Are you
19 there?

20 A. Uh-huh.

21 Q. Okay. This is talking about the jail's way of
22 documenting healthcare. And it says, "It is the policy to
23 create and maintain individual healthcare files on each
24 prisoner including a continuous record of all of the medical
25 care provided for inmate patients at the jail facility."

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1 Was that policy ever taught to you before
2 November of 2016?

3 A. No.

4 Q. Were you aware that it was your obligation by
5 policy in November of 2016 to create and maintain a
6 healthcare file on every prisoner?

7 A. No. Just the one with medical.

8 Q. And did you know that you were required to
9 create and maintain a continuous record of all medical care
10 provided for each inmate?

11 A. No.

12 Q. Would you agree with me that you didn't create
13 any records about the reasons why Madison was given Gatorade?

14 A. Correct.

15 Q. Would you agree with me that there are no
16 records that you created concerning the reasons why Madison
17 was moved to court holding or put on medical observation?

18 A. I cannot agree with that. I don't know if
19 Richens recorded anything or not.

20 Q. But I'm asking about what you might have
21 created.

22 A. No.

23 Q. Would you agree with me that you didn't create
24 any records about Madison's two visits with you apart from
25 your recording her vitals electronically on Monday?

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1 A. Correct.

2 Q. Are there any records that you created about
3 how Madison's medications were or were not approved?

4 A. Unsure.

5 (Court reporter interrupted for clarification.)

6 THE WITNESS: Unsure. Sorry.

7 MS. ABKE: Can we please take a five-minute
8 restroom break?

9 MR. HANCEY: Sure.

10 (Recess taken from 2:51 p.m. to 3:03 p.m.)

11 BY MR. HANCEY:

12 Q. You're looking at Exhibit 38. Correct?

13 A. Correct.

14 Q. Let me direct your attention to -- these are
15 not paginated but this, again, is Logan Clark's discovery
16 responses. I would like you to turn to his response to
17 Interrogatory No. 9. It goes on to a second page, so if
18 you'd flip over to the second part of his response and look
19 at that first paragraph.

20 Logan Clark says this about your phone call
21 with him on November 28th. He says, "Ms. Clyde was seeking
22 defendant," meaning Logan Clark's, "approval that the
23 medication could be given, which defendant approved.
24 Ms. Clyde did not identify the inmate or state that the
25 inmate was taking any other medications."

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1 Based on your prior testimony, do you disagree
2 with that assertion?

3 A. Yes.

4 Q. Now, in the next paragraph, he says this: "On
5 December 1st, 2016, when defendant was present at the jail
6 for his weekly visit, Ms. Clyde mentioned an additional
7 inmate, Madison Jensen, was in court holding and was feeling
8 sick and experiencing flu-like symptoms. Madison was not on
9 the list of inmates who had submitted a medical request to be
10 seen that day, and defendant was not provided a medical file
11 for Madison."

12 Disagree?

13 A. Yes.

14 Q. Your testimony is that Madison's medical file
15 was included in the packet of files that you gave to Logan
16 Clark upon his arrival. Correct?

17 A. Correct.

18 Q. And also that he reviewed each of those files
19 before he started seeing inmates?

20 A. Yes. That's generally what he does.

21 Q. And that Madison's medical file was in that
22 packet?

23 A. Correct.

24 Q. Turn two pages over to the response to
25 Interrogatory No. 12. I'm going to read to you the very last

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1 paragraph on that page. Logan Clark says this: "To the
2 extent that Jail staff, including Jana Clyde, was aware that
3 Madison was exhibiting urgent and/or emergent symptoms of
4 severe nausea/vomiting, diarrhea, dehydration, that Madison
5 was likely withdrawing from opiates, and/or that Madison had
6 not eaten for 3 or more days, Defendant was not notified of
7 such symptoms as he would have expected to be and as he has
8 advised the Jail staff to do."

9 My question to you is, had Logan Clark advised
10 to you at any time before November 2016 that if an inmate was
11 exhibiting urgent and/or emergent symptoms of severe nausea,
12 vomiting, diarrhea, dehydration, or any of the other things
13 listed in here, that he had advised you to call him?

14 A. I don't recall when he would have told me that,
15 like the time.

16 Q. Would that have been your practice before
17 November 2016?

18 (Whereupon, Mr. Steve Loos returned to the
19 deposition proceedings.)

20 THE WITNESS: In an emergent situation, yes.
21 BY MR. HANCEY:

22 Q. What about an urgent situation?

23 A. Yes.

24 Q. Do you believe that if jail policies that have
25 been implemented since Madison's death were in place at the

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1 time of her incarceration, her death could have been
2 prevented?

3 MS. ABKE: Object to foundation.

4 MR. HOMER: Foundation. Calls for speculation.

5 MR. MYLAR: I'll join on both of those.

6 MR. HANCEY: You can answer.

7 THE WITNESS: I can't speculate on that.

8 MR. HANCEY: Okay.

9 I don't have any other questions. Thank you.

10 (Off-the-record discussion)

11
12 E X A M I N A T I O N
13

14 BY MS. ABKE:

15 Q. Okay, Jana, you testified earlier -- and I'm
16 going to jump around a little bit so bear with me. You
17 testified earlier at the beginning of your deposition today
18 that you previously worked at Uintah Basin Medical Center?

19 A. Correct.

20 Q. How many years did you work at Uintah Basin?

21 A. From 2005 until 2012 as a nurse. I worked
22 prior to that for them as an EMT.

23 Q. Okay. So between 2005 and '12, seven years you
24 worked at the hospital over there, what departments did you
25 work in?

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1 A. Med surge, ICU and clinic.

2 Q. And clinic?

3 A. Yeah.

4 Q. Is that the outpatient clinic?

5 A. Yes. I worked there for a Dr. Maready.

6 Q. Was there one of those areas that you just
7 identified that you worked in for a longer period of time
8 than the others?

9 A. Med surge.

10 Q. How long were you in med surge?

11 A. Well, med surge and ICU are combined. So I was
12 mostly in med surge but would float into ICU upon need, so...

13 Q. Can you quantify the amount of time that you
14 were in med surge, slash, ICU of the seven years you worked
15 at Uintah Basin?

16 A. 2010, I believe I left and went to the clinic.

17 Q. Okay. In the context of your work in those --
18 in that department, med surge, slash, ICU, did you ever have
19 occasion to treat any patients who had come in with either
20 opioid or opiate overdose or withdrawal?

21 A. Those were typically treated in the ER, so I
22 did not have experience with that.

23 Q. Never in those two units?

24 A. Not to my recollection.

25 Q. How about in the outpatient clinic? Did you

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1 ever deal with a patient who came in complaining of
2 withdrawal symptoms or symptoms of overdose on -- of those
3 kinds of medications?

4 A. No.

5 Q. In the context of your work at -- as an EMT,
6 how many years was that?

7 A. From '97 to 2005.

8 Q. So about eight years as an EMT?

9 A. Uh-huh.

10 Q. In those -- in that context when you were
11 working as an EMT, did you ever go on any calls relating to
12 opioid or opiate overdose?

13 A. I may have but not that I can recollect, like
14 one individual incident.

15 Q. So your collective experience before 2005 --
16 and that's when you started at the jail?

17 A. Uh-huh.

18 Q. Is that yes?

19 A. Yes.

20 Q. You had never medically dealt with anyone who
21 was experiencing symptoms or complaints of opiate overdose?

22 A. Correct.

23 Q. And had never dealt with any person who was
24 experiencing opiate withdrawal?

25 A. To my knowledge, correct.

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1 Q. Okay. In the years leading up to 2016, had you
2 had occasion to assist inmates or treat inmates at the
3 Duchesne County Jail who were withdrawing from any substance?

4 A. Yes.

5 Q. Was that something that you saw on a regular
6 basis?

7 A. Alcohol more than -- was generally the one that
8 we saw the most.

9 Q. But I -- so is that something you saw on a
10 regular basis, withdrawal from any substance?

11 A. More so alcohol, yes. I don't know -- that was
12 more what we have -- had dealt with.

13 Q. Had you dealt with an inmate that was
14 withdrawing from opiates prior to November 2016?

15 A. Uhm, I'm sure a couple times I had. To think
16 of one individual offhand, I cannot at this time.

17 Q. Can you recall about how many times per year
18 that an inmate would come in with -- would come in and have
19 symptoms of withdrawal from either drugs or alcohol?

20 A. I can't.

21 Q. You can't quantify it at all?

22 A. No.

23 Q. Could you say it was more than once a year?

24 A. Yes.

25 Q. Was it more than twice a year?

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1 A. Yeah.

2 Q. Was it more than once a month?

3 A. I wouldn't -- I couldn't say to that.

4 Q. So can you say that it was somewhere between
5 twice and 12 times a year that an inmate would have symptoms
6 of withdrawal?

7 A. Yeah, I could agree to that.

8 Q. You had been working at the Duchesne County
9 Jail for 11 years prior to --

10 A. Oh, no.

11 Q. No?

12 A. No.

13 Q. So how many years had you been working --

14 A. I think prior to this, three and a half.

15 Q. What year did you start at the jail?

16 A. 2013.

17 Q. Oh, okay, 2013. Sorry. So about three
18 years --

19 A. Yeah.

20 Q. -- you had been working at the jail?

21 A. Uh-huh.

22 Q. Prior to dealing with Madison and your
23 interactions with her in November 2016, what would you do if
24 you were made aware or if you observed an inmate with signs
25 or symptoms of withdrawal from a drug or alcohol?

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1 A. Uhm, most inmates admit when they're
2 withdrawing because they want the help. Then we would
3 monitor them, just pay closer attention to it. Tell them to
4 please report nausea, vomiting, diarrhea, to us. We need to
5 see it; save it. You know, they were responsible to report
6 their health to me so I knew what was going on. And then we
7 would treat with Gatorade, pretty much, and just -- yeah.

8 Q. If you learned that an inmate was withdrawing
9 and they admitted that they were withdrawing from drugs or
10 alcohol, is that something you would call or notify Logan
11 Clark or Dr. Tubbs about?

12 A. If I knew? Yes.

13 Q. Okay. Do you remember being interviewed by --
14 I believe it was the Uintah County Sheriff's Office in 2016?
15 That was shortly after this incident.

16 A. I remember being interviewed. I can't say I
17 remember everything that was in the interview.

18 Q. Sure. But you remember you had an interview?

19 A. Yes.

20 Q. In that interview -- I'll represent to you I
21 viewed it last night. I don't know if you had an opportunity
22 to review that before your deposition today?

23 A. (No oral response.)

24 Q. No?

25 A. No.

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1 Q. Have you ever seen it?

2 A. No.

3 Q. In that interview, you mentioned a heroin
4 protocol.

5 A. Okay.

6 Q. Do you remember telling the officers about
7 heroin protocol that existed at the Duchesne County Jail at
8 that time?

9 A. No.

10 Q. Is it your position or is it your belief that
11 there was not such a heroin protocol in place in December
12 2016?

13 A. I believe we were discussing getting one in
14 place, but it was not in place yet.

15 Q. So in your interview on December 7th, 2016,
16 with the Uintah County Sheriff's Office, you stated that you
17 had been instructed by Mr. Clark about the heroin protocol,
18 and then you mentioned these are the things that you would do
19 if you were implementing that policy -- or protocol, I should
20 says. That twice a day, you would check blood pressure. You
21 would call PA Clark or Dr. Tubbs and let them know that you
22 were instituting that protocol.

23 Do you disagree that that was what you would
24 have done in November of 2016 if you knew that an inmate was
25 withdrawing from an opiate like heroin?

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1 A. No, I would agree with that.

2 Q. That's something that you would do?

3 A. Uh-huh.

4 Q. Yes?

5 A. Yes. I guess my uh-huhs don't count.

6 Q. That's right. They don't.

7 A. Sorry.

8 Q. So when you said earlier today in your
9 deposition that the Duchesne County Sheriff's Office, or the
10 Duchesne County Jail at least, has no policy or protocol
11 about how to deal with individuals who are withdrawing, was
12 that accurate?

13 A. Yes. This was -- I think what you're speaking
14 of was one that we were working on. So Logan and I -- I had
15 talked to Logan about, you know, some of the things that we
16 would work on. So that's where my answer to the Uintah
17 County sheriff was the medical knowledge I had at that time.
18 But the protocol was not implemented fully until January
19 2017.

20 Q. How often had you worked on prior to -- so at
21 least as of December 2016, tell me about what you had worked
22 on with respect to this protocol.

23 A. Logan just told me of some of the ideas that
24 were used at other facilities and that we would be doing.

25 Q. When did you have that conversation?

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1 A. I have no idea.

2 Q. Was it months before this --

3 A. No.

4 Q. -- interview?

5 A. I don't believe so.

6 Q. Was it days before?

7 A. I would say within -- to the best of my
8 knowledge, I would say it was probably within about a month
9 of that. I believe it was that fall.

10 Q. Sometime in the fall of 2016?

11 A. Correct.

12 Q. But as of November of 2016, your personal
13 practice and protocol when someone was known to be
14 withdrawing from heroin or suspected to be withdrawing from
15 heroin was to check blood pressure twice a day and to call PA
16 Clark and let him know about that?

17 A. If I knew they were withdrawing from heroin, if
18 the inmate had admitted it.

19 Q. So I wanted to ask you about that. You
20 mentioned a couple times that you instruct inmates who are
21 vomiting or have diarrhea to save --

22 A. Yes.

23 Q. -- their vomit or diarrhea --

24 A. Yes.

25 Q. -- so that you can take a look at it?

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1 A. Yes.

2 Q. What is the purpose of you wanting them to save
3 it?

4 A. Because so many inmates come in and are looking
5 for a free ride on an ambulance to the hospital or special
6 treatment or -- I'll have these issues. So for us to find
7 out who is truly exhibiting these symptoms, we have to see
8 it.

9 Q. Is there any other purpose served by them
10 saving the vomit or diarrhea?

11 A. Well, if they're vomiting or having diarrhea
12 profusely, there might be blood in it, and I would like to
13 observe that.

14 Q. So is it your position that if you don't see
15 vomit or diarrhea, you don't personally lay eyes on it, you
16 don't believe that it's happened?

17 A. If after I've instructed the inmate to save it,
18 basically, yes. Because they've been instructed to save that
19 so that I can help them.

20 Q. You work from 6:30 in the morning to 4:30 in
21 the afternoon, Monday through Thursday; correct?

22 A. Correct.

23 Q. If an inmate vomits on a Friday, you're not
24 going to be in until Monday?

25 A. Exactly.

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1 Q. So they are instructed not to flush their
2 toilet for four days?

3 A. No. Then a deputy has the opportunity to go
4 in. They are told that I can see it or a deputy can see it.

5 Q. Okay. So previously when I was asking you
6 whether you had to personally --

7 A. No.

8 Q. -- put eyes on the vomit or -- hold on. If I'm
9 talking, don't talk.

10 A. I'm sorry.

11 Q. Okay. It makes the record a little bit clear.
12 So when I asked you before a question about
13 whether you need to personally see it in order to believe it,
14 can you clarify what your answer was?

15 A. My answer was that I needed to see it. But
16 that is only when I'm present. I obviously can't see it if
17 I'm not there. Then a deputy has the right to observe that
18 and let PA Logan know.

19 Q. So they have -- so the deputy, if they observe
20 vomit or diarrhea, they are to let their -- they're
21 instructed or they are supposed to know to let Logan Clark
22 know about that?

23 A. If we have asked the inmate to save it,
24 correct.

25 Q. How does a deputy know that you have asked an

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1 inmate to save their vomit or diarrhea?

2 A. I would tell them.

3 Q. How would -- you would just tell every single
4 one that's on shift?

5 A. I tell the corporal, and it is his
6 responsibility, then, to let his deputies under him know and
7 pass that on to the next shift.

8 Q. Did you tell the corporal in this case about
9 your request to have Madison save her vomit or diarrhea?

10 A. I believe so. But I was there for the four
11 days that she was there.

12 Q. Well, you weren't there at night; true?

13 A. True.

14 Q. So that would have -- that would be a time when
15 you would need --

16 A. Yes.

17 Q. -- to communicate -- sorry. Again, just wait
18 until I'm done.

19 So at night when you're not there, that would
20 be a time when it was the deputy's responsibility to check
21 for that?

22 A. Correct.

23 Q. It's your testimony that you did instruct
24 deputies or the corporal to have the deputies check for that?

25 A. I believe in this instant, I asked Deputy

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1 Richens. She knew that that is the request I had of Madison.

2 Q. Doesn't Deputy Richens only work day shifts?

3 A. No. They rotate shifts. But when I would tell
4 her that, then it would be their responsibilities to pass it
5 on to the next crew because I'm not there when the next crew
6 comes on.

7 Q. Whose responsibility is it to pass it on to the
8 night shift?

9 A. The day shift.

10 Q. How many people are on a shift? How many
11 deputies are on a shift?

12 A. Three to four.

13 Q. So you told Deputy Richens at some point to --
14 that Madison was instructed to save her vomit or diarrhea,
15 and you also told her to have the next shift notified of that
16 instruction. Correct?

17 A. Uhm, Ms. Richens, Deputy Richens, was in there
18 when I asked Madison. So she knew that that request had been
19 put out. And I don't tell them to pass it on. That is just
20 common practice. They pass on.

21 Q. You didn't directly tell Deputy Richens, Hey, I
22 need you to watch out for this; I need you to have her save
23 her vomit or diarrhea, I need you to see it?

24 A. Directly, no. But once again, she was in there
25 when we made that request.

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1 Q. During the time that Madison was in the
2 Duchesne County Jail, Deputy Richens reported to you that
3 Madison had been vomiting or had diarrhea. Correct?

4 A. No.

5 Q. She never told you that?

6 A. Not to my knowledge.

7 MR. HANCEY: What was your question, Kat? I'm
8 sorry.

9 MS. ABKE: I just asked if Richens ever
10 reported to her that Madison had nausea or vomiting or
11 diarrhea.

12 THE WITNESS: Just from Sunday night upon the
13 admittance night.

14 BY S. ABKE:

15 Q. Okay. So that would count, wouldn't it?

16 A. Just the one time, correct.

17 Q. So one time Deputy Richens told you that she
18 had been vomiting?

19 A. Yes.

20 Q. Did any other deputy tell you that Madison had
21 been vomiting at any point during her stay in the jail?

22 A. No.

23 Q. I have a few questions just generally about --
24 not about Madison but just generally how your practice works
25 in the jail. When new inmates come into the jail and they're

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1 booked in over the weekend when you're not there, and it's an
2 inmate that comes in and they are taking medications from the
3 outside; they are prescribed a medication. Do you have an
4 expectation that the booking officers or the deputies who are
5 in charge of that inmate contact you and let you know that an
6 inmate has been booked in who is on -- taking medications?

7 A. The expectation is that they notify Logan
8 Clark.

9 Q. When you come in on a Monday morning, I assume
10 you have times where there's going to be inmates who are new
11 to the jail; they come in over the weekend. Correct?

12 A. Correct.

13 Q. How do you determine which inmates you will see
14 that day?

15 A. By their medical requests or the request of an
16 officer.

17 Q. How does an officer make a request to -- for
18 you to see a particular inmate?

19 A. They come and get me.

20 Q. So they just have to tell you?

21 A. Uh-huh.

22 Q. Is that a yes?

23 A. Yes.

24 Q. You don't have a messaging system or anything
25 like that? Like they can't send you some sort of electronic

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1 message?

2 A. No.

3 Q. Do they ever put sticky notes or anything on
4 your desk?

5 A. Sometimes.

6 Q. And medical requests, are those the documents
7 that would be put in your in-box?

8 A. Uhm, the handwritten ones? Yes. The kiosk
9 ones, I print up each morning when I get there.

10 Q. So if an inmate has gone to a kiosk and
11 submitted a medical request electronically, you print those
12 on a daily basis?

13 A. Yes.

14 Q. Do you review when you come in in the morning
15 and determine who you're going to see that day? I assume
16 that's part your job duties. Correct?

17 A. Correct.

18 Q. Do you make any effort to look at that inmate
19 intake questionnaire where they're answering medical
20 questions?

21 A. If that question would be on that intake, if
22 what they're wanting to see the nurse for would be on that
23 intake question, questionnaire, then I would review that.

24 Q. I think you said earlier that the -- medical
25 intake questionnaire, I want to use the right words to

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1 describe it.

2 A. Exactly.

3 Q. So I think it's...

4 MR. HANCEY: Three.

5 MS. ABKE: Number 3. Ah, inmate intake
6 questions.

7 BY MS. ABKE:

8 Q. You're familiar with the questions that on the
9 sheet?

10 A. Yes.

11 Q. These are things that you sometimes go over
12 with inmates. Right?

13 A. Correct.

14 Q. Do you make any effort -- when you come in to
15 determine who you're going to see that day, do you try to
16 find this inmate intake questionnaire and read it and see if
17 there's a reason why you need to see that person?

18 A. That is to be put in my box. I don't know the
19 inmates that have come and gone over the weekend or are new
20 over the weekend. So the only way I know who new inmates are
21 is if I have an intake questionnaire in my box.

22 Q. Do you have access to this inmate intake
23 questionnaire electronically?

24 A. I could go under that inmate and look it up.

25 Q. But you don't try to go in and say, Here's the

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1 list of all the new people in jail; let me see if there's
2 medical issues for any of them?

3 A. No.

4 Q. So the only one way you're advised of a -- the
5 only two ways that you're advised of an new inmate needing
6 your attention would be a request from an officer or a
7 medical request from the inmate themselves?

8 A. Correct.

9 Q. Do you have information available to you about
10 why a particular inmate is -- has been put in jail? Like do
11 you know the reason why they're there?

12 A. Not usually, no.

13 Q. Is that something you have access to?

14 A. I guess I could snoop through for it. But it's
15 not something I -- I access.

16 Q. I'm not familiar with the record-keeping system
17 on the computer. You've alluded to it a few times today. So
18 I just didn't know if when you type in a person's name,
19 there's something that comes up that tells you why a person
20 is there.

21 A. I'm sure there's somewhere you can go to see
22 why they're there. If it's -- I don't know, I mean, could
23 be, I guess, warrants or why they were picked up. But that
24 is not my practice to see why every inmate is brought in.

25 Q. When you're not at the jail, can officers or

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1 deputies give over-the-counter medications without asking you
2 first?

3 A. Yes.

4 Q. Can officers provide Gatorade to an inmate
5 without asking you first?

6 A. Yes.

7 Q. Is that documented, the provision of
8 over-the-counter medications or Gatorade, anywhere?

9 A. Uhm, up and prior to November of 2016, Gatorade
10 had not been documented. But over-the-counters, the people
11 had to sign for them.

12 Q. Who has to sign for them?

13 A. The inmate, at that time, would sign a sheet,
14 and we would write down what over-the-counter medication they
15 were getting.

16 Q. Where did you say that was documented?

17 A. It's just a -- it was just on sheets, a little
18 sheet of paper. And the inmate would put the
19 over-the-counter medication. They had a list of check -- you
20 know, am I getting cough drops or am I getting ibuprofen.
21 They would check that. Then the inmate would sign it. Then
22 the deputy giving it would sign it. And then that would come
23 to me.

24 Q. The sheet would come to you?

25 A. Yes. And it was kept in their medical file.

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1 Q. Prior to this incident and during the time that
2 you worked at the Duchesne County Jail, what was your
3 understanding as to the circumstances when you should contact
4 Logan?

5 A. Uhm, in an event that we would determine
6 needed, uhm, his input or his regard into what we need to do.
7 Or if a person needed to be sent on an ambulance. He made
8 that decision whether a person would be sent on an ambulance
9 or not, typically.

10 Q. What would be circumstances that required
11 Logan's input include?

12 A. Like seizures? Is that --

13 Q. I'm asking you.

14 A. -- what you mean? Well, is that what you're
15 searching for? Like --

16 Q. Yes, specific --

17 A. -- medical incidents?

18 Q. -- situations. I mean, clearly there were
19 some times when you knew you should call Logan or Dr. Tubbs.
20 Right?

21 A. Yes.

22 Q. So tell me, what are those circumstances? What
23 would be going on with a particular inmate that would prompt
24 you to make that phone call?

25 A. Seizures. Heart problems. Accidents as in

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1 needing stitches or medical care along the -- for an acute
2 injury. Things along those lines.

3 Q. If -- if an inmate was extremely sick, let's
4 say they have, you know, violent vomiting that you had seen
5 for 12 hours, would you call Logan for that situation?

6 A. If I had seen the violent vomiting, yes.

7 Q. Only if you had seen it, though?

8 A. Yeah.

9 Q. What about if a deputy reported it to you?

10 A. Yes. And the deputy has the right to call
11 Logan.

12 Q. If you're on shift, do the deputies typically
13 come to you first and let you know if there's a medical issue
14 going on?

15 A. Typically.

16 Q. Would it be fair to say that anytime an inmate
17 has an urgent or concerning symptom, that you would contact
18 Logan Clark, and that's been your practice?

19 A. Yes.

20 Q. That's because you can't assess or diagnose or
21 do anything to treat that condition. Correct?

22 A. Correct.

23 Q. I want to talk about the creation of Madison's
24 medical file. What day did you initiate creating Madison's
25 medical file?

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1 A. I would have -- when we receive a request to
2 see the doctor via handwriting or kiosk, those all go into a
3 certain spot, a certain file. The night before Logan comes,
4 the day before Logan comes, that afternoon, I created the new
5 files that need to be created and add those requests to that
6 file or I add those requests to existing files. So that
7 would have been when Madison's was created.

8 Q. Do you have a specific memory of creating
9 Madison's file?

10 A. Yes, I do.

11 Q. Okay. So tell me, when did you do that?

12 A. Wednesday afternoon.

13 Q. Do you know what time it was?

14 A. No.

15 Q. When did you receive -- well, what triggered
16 you to create her medical file on Wednesday afternoon?

17 A. I was preparing to -- the inmate files for
18 Logan to see.

19 Q. So how did you know which inmates he needed to
20 see?

21 A. Because of the requests that they put in.

22 Q. Where do you keep the requests before you
23 prepare the files on Wednesday?

24 A. In a file folder in a file on the wall.

25 Q. Is this in the med room?

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1 A. Uh-huh. Correct.

2 Q. You have a file on the wall that you keep all
3 of the requests in until Wednesday night?

4 A. Until Wednesday night.

5 Q. So you just go through that, and then you
6 create each patient's individual file?

7 A. I don't have to create a lot of them because
8 they're preexisting. But I would add it to that file. And
9 then that's when I pull them out so that Logan would be able
10 to have those accessible to him the next morning.

11 Q. All right. So you had already had Madison's
12 medical request form. Do you know what time you received
13 that request form?

14 A. I don't.

15 Q. You have no memory of receiving that?

16 A. I have memory of receiving it. I don't have a
17 memory of what time I received it.

18 Q. What is your recollection of how you received
19 that form?

20 A. A deputy brought it down.

21 Q. And you don't remember who?

22 A. I don't.

23 Q. Did you read it at the time that you received
24 it?

25 A. Yes.

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1 Q. Do you believe that you received Madison's
2 medical request form after you saw her on Tuesday, which I
3 think would have been November 29th?

4 A. Yes.

5 Q. So sometime between Tuesday morning and
6 Wednesday afternoon?

7 A. It would have been Tuesday afternoon, after she
8 was moved. Because she had access to a kiosk in each block.
9 So if this is a handwritten request, it would be after she
10 had been moved to court holding.

11 Q. So the kiosks are in the H Block?

12 A. All the cells.

13 Q. Okay.

14 A. All the -- all the -- what do we call them?
15 All A, B, C, D, E, F, G, all have their kiosks. All the
16 blocks.

17 Q. Kiosks are not in court holding?

18 A. Correct.

19 Q. So we know that this was sometime after she was
20 moved to court holding that you received this?

21 A. Correct.

22 Q. It could have been Wednesday, it could have
23 been Tuesday?

24 A. According to when she was moved into court
25 holding on Tuesday, I would assume that I got this on

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1 Wednesday. Because I leave at 4:30, and she was moved just
2 right before that.

3 Q. All right. So you received this form sometime
4 on Wednesday, and you read it. It says that she's reporting
5 symptoms on this form. Correct?

6 A. Uh-huh. Correct.

7 Q. And it says that she's -- she's reporting that
8 she'd been vomiting for multiple days, has diarrhea; she
9 can't hold anything down. Is it your testimony that that
10 report of symptoms from her medical request form is different
11 from what she told you on Tuesday?

12 A. Yes.

13 Q. And on Tuesday, your testimony is that she said
14 she didn't have any symptoms?

15 A. She denied the -- denied the nausea, vomiting
16 and diarrhea.

17 Q. When you received this request form on
18 Wednesday, did you go to Madison's cell? Or did you ask that
19 she be brought to the medical room to ask her about these
20 symptoms?

21 A. I saw her later on that Wednesday before I went
22 home, and that's when I asked her if there was anything I
23 could do for her. It was her opportunity to tell me, show
24 me. Like again, it goes back to I did not see any vomit or
25 diarrhea, and she was asked to save that.

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1 Q. You didn't see it on her blankets or on her
2 clothes or anything?

3 A. No.

4 Q. Did you ask Madison specifically, did you say,
5 Have you been vomiting?

6 A. I don't recall if I did on Wednesday night.
7 But I do remember in Monday and Tuesday, I did.

8 Q. Did you ask her on Wednesday when you saw her
9 at her cell, did you say, Have you been having diarrhea?

10 A. That's what I do not recall.

11 Q. Okay. You --

12 A. I remember --

13 Q. -- just don't know either way?

14 A. I don't on that, no.

15 Q. Did you attempt to talk to any of the deputies
16 who had been keeping tabs on Madison, whether she had been
17 having symptoms of vomiting or diarrhea?

18 A. They come to me with these symptoms.

19 Q. I'm not asking what they do. I'm asking what
20 you did.

21 A. No, I do not attempt to find them. If they
22 have a report, they bring it to me.

23 Q. So essentially, you were not concerned with her
24 report of symptoms in this medical request form?

25 A. Yes, but she had denied them profusely days

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1 before. And on that request form, it states that she had had
2 that for several days. Well, the day before and the day
3 before that, she had denied it.

4 Q. Did you think that Madison was not being
5 truthful in her medical request form?

6 A. I didn't know whether she was being truthful to
7 that or to me.

8 Q. Did you form a belief as to whether that was --
9 these were truthful statements in her medical request form at
10 the time when you saw this form on Wednesday?

11 A. When I seen that form on Wednesday, and then I
12 saw her Wednesday afternoon, she had not changed from when
13 she was -- I first saw her Monday morning to Wednesday. I
14 would believe if somebody was experiencing these severe
15 diarrhea and nausea, vomiting, that there would have been
16 some changes.

17 Q. You also said that on Tuesday when you spoke to
18 Madison, correct me if I'm wrong, I think you testified that
19 on Tuesday when you saw Madison, that she said that she did
20 not want to see a doctor. Is that right?

21 A. Correct.

22 Q. Do you have any explanation for why she would
23 fill out a medical request form to see a doctor if she didn't
24 want to see a doctor?

25 A. I asked her to.

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1 Q. So you think she was just following your
2 instruction?

3 A. Correct.

4 Q. Do you have an opinion as to whether the
5 statements that Madison put on this medical request form
6 suggest that she'd like to see a doctor?

7 A. Uhm, once again, I can't suggest what Madison
8 was thinking. I do know I requested that this form be filled
9 out. I give it to the deputy take down and have her fill it
10 out. I knew that Logan would see her over her medications.
11 And this, I just asked if she would fill out a request form.

12 Q. On Monday, the 28th, when you first saw
13 Madison, you described her appearance, and we've talked about
14 that. Did you feel that she needed to be seen by PA Clark at
15 that point?

16 A. Not at that point.

17 Q. And then on Tuesday, you saw Madison again, and
18 her condition was not changed. Correct?

19 A. Correct.

20 Q. And she denied further symptoms of vomiting and
21 diarrhea?

22 A. Correct.

23 Q. So I would assume that you did not think that
24 Madison needed to be seen, as of Tuesday, by Logan Clark?

25 A. Okay. Let me correct. Logan Clark did need to

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1 see her because he needed to verify her medications.

2 Q. So that was the only reason?

3 A. That was the reason at that point I was wanting
4 PA -- PA Logan would need to see her at his visit.

5 Q. Okay. So as of Tuesday, then, you've
6 changed -- you're like, she needs to be seen because he needs
7 to review her other medications?

8 A. That would have even been on Monday.

9 Q. Okay.

10 A. Because she was on medications, and he reviews
11 medications.

12 Q. As of Tuesday, when you saw Madison for the
13 second time, did you believe that Madison needed to be seen
14 by Logan because she was ill?

15 A. No.

16 Q. How about on Wednesday, same question, did you
17 think that PA Clark needed to see Madison on Wednesday
18 because she was sick?

19 A. No. Because she denied it to me. She denied
20 having these symptoms of being sick. And I was wanting her
21 to fill this out so that Logan could review these medications
22 with her, and maybe she would tell him something different
23 than she was telling me.

24 Q. On Thursday, we've looked at some statements
25 that were made, I believe, by Mr. Clark in various places,

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1 interviews and whatnot, that he mentioned to you -- or that
2 on Thursday, when he arrived, that you said, You need to see
3 this girl down in court holding; she's sick. Do you disagree
4 that that statement was made?

5 A. She looks sick.

6 Q. Okay. She looks sick?

7 A. Correct.

8 Q. Did you make that statement to Logan?

9 A. Yes.

10 Q. So as of Thursday, December 1st, you felt that
11 Madison needed to be seen because she was sick. Correct?

12 A. That she looked sick, but it was also for her
13 medications. I agreed that she looked sick when she came in.
14 That did not change.

15 Q. Would you agree that something changed between
16 Monday and Thursday, because on Monday you said she didn't
17 need to be seen for illness. Correct?

18 A. Okay. Correct.

19 Q. And then Thursday, you said she needs to be
20 seen because she looks sick?

21 A. Okay. I agree with that. But I also on
22 Monday, if Logan would have been coming, I would have had her
23 see him because she looked sick. But I can't force them to
24 see a doctor or take medications or use over-the-counter when
25 they deny what is going on.

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1 Q. So nothing in Madison's condition, based on
2 your knowledge, your personal knowledge of Madison from
3 Monday to Thursday, had changed?

4 A. Correct.

5 Q. I think you said -- I'm trying to find where I
6 wrote this down. That...

7 That Madison looked like a typical heroin
8 addict. Correct?

9 A. I don't know if I said that, but -- in what
10 statement does that say?

11 MR. HANCEY: The County said that in its
12 discovery responses.

13 MS. ABKE: Right.

14 BY MS. ABKE:

15 Q. And you agreed with it on your --

16 (Announcement over PA system)

17 MS. ABKE: Someone's leaving in 15 minutes.

18 BY MS. ABKE:

19 Q. We were looking at an exhibit, and you agreed
20 with that statement that Madison looked like a typical heroin
21 addict when you saw her on Monday?

22 A. I would agree to that, yes.

23 Q. So what does a typical heroin addict look like
24 to you?

25 A. They're usually slight of weight, they're

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1 skinnier. Uhm, I don't know. They just look poor. That's
2 my best description of it. They just look poor.

3 Q. Poor as in financial assets or poor as in --

4 A. They're poor as in their look. They are pale,
5 they're skinnier, they're not as well-kept at -- that is just
6 an observation, correct.

7 Q. How do you know what a typical heroin addict
8 looks like?

9 A. Because I see them all the time.

10 Q. Where do you see them?

11 A. Family members. On the street. Yes.

12 Q. Okay. So you're familiar with people who have
13 a heroin or an opiate --

14 A. Correct.

15 Q. -- addiction?

16 A. Uh-huh.

17 Q. So a person who has an opiate addiction, is it
18 your understanding that that means that they take that
19 substance on a regular basis? Like if you're an addict,
20 you're using every day?

21 A. An addict is they use a lot. I can't say if
22 it's every day. I don't -- I wouldn't know to that. But I
23 would assume they use a lot if it's an addiction.

24 Q. Sure. And when a person who has an addiction
25 stops taking whatever that substance is that they're addicted

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1 to, is it your understanding that they're going to suffer
2 from withdrawals?

3 A. Yes.

4 Q. So I'm just trying to understand that at the
5 time when you first saw Madison on Monday, you thought she
6 looked like a typical heroin addict. Right?

7 A. Correct.

8 Q. And you knew that she would not be taking any
9 heroin while she was in the jail. Right?

10 A. Correct.

11 Q. So did you suspect that she might suffer from
12 some withdrawal symptoms at that point?

13 A. Not when she denied use of heroin to me for
14 five days. Your withdrawals happen prior to that.

15 Q. When do withdrawals occur?

16 A. Usually from day two to day four.

17 Q. You stated earlier that you thought that
18 perhaps -- and again, correct me if I'm wrong, but I thought
19 I heard you say that you were not sure if Madison was being
20 completely truthful with you during that first meeting on
21 Monday?

22 A. Correct.

23 Q. Did you suspect that she had maybe used heroin
24 sooner than four days prior -- four days or five days ago?

25 A. At that point. But then I called the hospital

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1 and verified that they had seen her on Thursday, I believe it
2 was, because that's where she got her medications. So then I
3 was apt to believe that she hadn't used since then.

4 Q. When did you call the hospital?

5 A. Monday.

6 Q. What time?

7 A. I don't know.

8 Q. Where did you document that?

9 A. I didn't.

10 Q. Do you know who you spoke to?

11 A. It would have been the ER nurse.

12 Q. Do you know the name?

13 A. No.

14 Q. Did you at that point -- obviously you were
15 doing some investigation as to whether Madison may have been
16 taking heroin?

17 A. No. I was investigating her prescription pills
18 to make sure that that's where they --

19 Q. Oh, okay.

20 A. -- they were from, and that these were -- I
21 verified them.

22 Q. So did you call and verify prescription pills
23 or did you call and verify what she was in for?

24 A. I called and verified prescription pills.

25 Q. Okay. So going back, I think you were just

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1 saying that when you called the hospital, that allayed your
2 concerns about heroin -- about Madison having taken heroin
3 within just a day or two of coming to the jail?

4 A. Madison stated to me on Monday morning that she
5 had been seen Thursday in to ER. She did not tell me to
6 what. But that's where she got her prescriptions from. That
7 is why I contacted the ER to verify that that's where these
8 prescriptions came from. Uhm, but I didn't know what she had
9 been seen for.

10 So in my opinion, if Madison had been seen for
11 heroin at that time, that she -- and she's denying it to me
12 now and said that she hadn't used in five days, I just put
13 two and two together and would assume that's when she was --
14 what she would have been seen for, possibly, there.

15 Q. I think you previously just testified that you
16 were concerned that Madison had perhaps taken heroin shortly
17 before she came into the jail?

18 A. No.

19 Q. No? You were never concerned about that?

20 A. She denied it. I -- I have lots of concern and
21 assumptions of inmates. But I can only go off of what I
22 know.

23 Q. You're familiar with the medical intake
24 questions; you've already testified to that. One of the
25 questions is whether you're having withdrawals from drugs or

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1 alcohol. As of the time when you saw Madison on Monday, did
2 you try to find this intake questionnaire to determine how
3 she had answered that question?

4 A. No. Because she told me no.

5 Q. She told you that she was not experiencing
6 withdrawal?

7 A. Correct. She said, I know my body; I'm not
8 withdrawing, I have a bug.

9 Q. But you were concerned that she might not be
10 truthful with you. Right?

11 A. (No oral response.)

12 Q. Wasn't that your prior testimony?

13 A. Yes.

14 Q. But you didn't go back and try to find this
15 record?

16 A. No.

17 Q. And you didn't talk to any of the deputies that
18 booked her in to see whether they had any additional
19 information about a urine drug screen or anything like that?

20 A. I don't know the deputies that booked her in.
21 As far as I'm aware, that would have been a night shift, and
22 I don't see those deputies. I don't know what time she was
23 booked in.

24 Q. I want to talk about the call to Logan Clark to
25 approve the clonidine. When did you make that phone call?

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1 A. Sometime Monday.

2 Q. Do you have any idea what time?

3 A. It was in the morning. It was, uhm, after I
4 had seen Madison.

5 Q. There's a document that we looked at today that
6 shows that Madison received her morning clonidine medication
7 at 8 a.m. on Monday. Is that accurate?

8 A. Uhm, she received her morning medication, but
9 it was after I verified. On our med sheets, those times are
10 already set. So, yes, it was taken, not necessarily at
11 8 a.m. at that point. However, after I verified with
12 PA Logan Clark that that would be an approved medication, at
13 this time, I gave it to her. Actually, one of the deputies
14 took it down to her.

15 Q. So the medication received or administered list
16 is just indicating that they received it sometime that day?

17 A. Generally it is during that morning med pass.
18 But when I come in and there's meds from the night before, I
19 cannot verify all of those meds prior to morning med pass
20 between 7:30 and 8:00, because many pharmacies -- none are
21 open at that time. So we have to wait.

22 And then according to the verification of that
23 med or from PA Logan Clark, then that med could be given
24 shortly after that conversation. Unless it would be too
25 close to an afternoon med, and the time would be too short.

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1 Which clonidine was not.

2 Q. So when you -- tell me about the conversation
3 that you had with PA Clark. Do you actually have a specific
4 memory of that call?

5 A. No. I mean, I remember calling him. The
6 conversation, precisely? I talked about medications. Uhm,
7 but outside of that, I -- I don't know what we -- if we
8 talked about anything more.

9 Q. Do you have a specific memory, as you sit here
10 today, of telling Logan Clark about these other medications
11 that -- the other prescriptions that Madison was taking at
12 the time besides clonidine?

13 A. Yes.

14 Q. So that's the only part of the conversation
15 that you have a specific memory of?

16 A. I have a memory of talking to him about those
17 three medications.

18 Q. What was the purpose of telling him about the
19 other two medications, the tramadol and the Wellbutrin?

20 A. To see if they should be put in her property or
21 held out, if he would want to review them when he came on
22 Thursday. Because at our facility, those are not approved
23 medications until the physician sees the inmate.

24 Q. Right. So he wasn't going -- Logan was not
25 going to approve tramadol or Wellbutrin over the phone.

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1 Correct?

2 A. Correct.

3 Q. So what was the purpose of mentioning them?

4 Just to determine where they should be kept?

5 A. Well, and to let him know what he -- the three
6 medications that she came in on. When I call PA Logan, I
7 just don't report the medications she can take. I report all
8 the medications they come in on.

9 Q. Do you do that for every inmate that you see
10 who comes in with medications?

11 A. That are not approved or are on the call
12 provider list. If they're not approved, we -- Logan would
13 not even address them. We don't call him on them because
14 they're not approved. It's not an issue.

15 On the call provider, yes. Then if they're
16 taking other meds, we -- I let him know what those are along
17 with them. It gives him an idea of the patient.

18 Q. And tramadol is a medication that's generally
19 not approved; correct?

20 A. Correct.

21 Q. So again, I'm just wondering why you mentioned
22 that to him if you know that's not going to be approved?

23 A. Because like I said, I give him all the
24 medications that they are on. And then I -- it's just the
25 practice I do.

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1 Q. Sure.

2 A. It's important for the doctor to know the
3 medications they're on.

4 Q. What did Mr. Clark respond to you about the
5 other two medications? What did he tell you to do with them?
6 You were wondering where to keep them?

7 A. Yeah. He said that he would review them when
8 he came on Thursday. So I held them in the med room.

9 Q. You have a specific recollection of saying, She
10 also has these other two prescriptions, and you have a
11 specific memory as you sit here today of him saying, Keep
12 them in this location?

13 A. Very much so, yes.

14 Q. Okay. That's the only part of the
15 conversation, though, that you remember?

16 A. I don't believe we had any more conversation
17 than that.

18 Q. Okay. Well, when I first asked you, you just
19 said you didn't remember the --

20 A. That's what I'm saying. I don't believe we had
21 any more conversation that I remember. But I do remember the
22 medications.

23 Q. So you also testified earlier that you told
24 Logan Clark over the phone that Madison was vomiting or had
25 reported symptoms of vomiting the day before?

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1 A. Correct.

2 Q. Do you remember having that conversation?

3 A. No. And if he states it, I would believe that.

4 Q. So do you actually remember saying that,
5 though?

6 A. I would assume that I did. That was one of the
7 signs that I had been told about from the deputies.

8 Q. You would assume that, but you don't know?

9 A. Exactly.

10 Q. So it's possible that you didn't tell him that?

11 A. Possible, but no.

12 Q. When Madison was brought into the med room on
13 Monday, the 28th of November, did Deputy Richens say anything
14 to you about what had been going on the night before? Or did
15 she only give you information after you saw Madison?

16 A. While Madison was in there, she did say that
17 Madison had vomited the day before.

18 Q. All right. Did you ask Madison if she was
19 keeping down food, if she was able to eat?

20 A. At that point, I verified if she had vomited
21 the night before. And at -- I mean, 12 hours is not going to
22 be a concern at this point. That's when I offered her to see
23 if there was anything over the counter that might -- I
24 offered her, like, Pepto-Bismol, you know, things that might
25 settle a stomach. Because she reported a flu bug.

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1 Q. Did you specifically ask her if she was keeping
2 down food and able to eat?

3 A. No.

4 Q. You said earlier that Richens, Deputy Richens,
5 told you that Jana had -- that Madison had tested positive
6 for opiates when she came into the jail?

7 A. Yeah, she told me that later after the visit.

8 Q. Okay. So let's talk about the conversation
9 that you had with Deputy Richens after the visit. Where were
10 you when you had that conversation?

11 A. I believe the med room.

12 Q. What time of day was it?

13 A. Sometime after Madison's visit.

14 Q. How did Deputy Richens end up coming back to
15 the med room? Did she just wander in there or --

16 A. Yeah. I assume. I -- I'm just sitting in my
17 med room, and she walked in.

18 Q. So you didn't call her --

19 A. No.

20 Q. -- and ask her for more information?

21 A. No.

22 Q. So Deputy Richens came by. Did she say, Hey, I
23 wanted to let you know X, Y, Z?

24 A. Yes.

25 Q. What do you remember her saying to you?

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1 A. That she had tested positive for opiates from
2 what she understood from a UA that had been done prior
3 before -- the day before.

4 Q. Did that report of information raise any
5 concerns to you about whether Madison would be withdrawing
6 from opiates while she was staying in the jail?

7 A. No. Because they can test positive for several
8 days after the use of an opiate, and she denied using it for
9 five days.

10 Q. How many days can they test positive?

11 A. Four.

12 Q. Where did you learn that?

13 A. The jail.

14 Q. When?

15 A. When they -- I was taught to give UAs. And I
16 also have a poster on my board on the door in my office that
17 says how long you can find drugs in systems.

18 Q. I was curious about when you're instructed on
19 UAs just because I thought you said before that you didn't
20 receive any training on how to --

21 A. It's not --

22 Q. -- do your job?

23 A. -- a training. It's a taught. The person
24 pees. The officers are usually the one that does it. They
25 observe them. And then I see the UA cup. I mean, they show

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1 me how that works. Did I have specific training in that?

2 No. It was just kind of a hands-on, this is how it's done
3 situation.

4 Q. So would you agree that you received
5 instruction from the jail or from Duchesne County about
6 certain aspects of how do your job when you -- over the
7 course of time that you've been employed?

8 A. Yes.

9 Q. One of those things was how to do a urine drug
10 screen and learn kind of about how long drugs would stay in
11 the system and show up on a drug screen?

12 A. They didn't teach me that. Like I said, it's
13 on the board; it's been a poster that's been hanging on my
14 door even before I got to the jail. And so in curiosity, I
15 started learning that. I'd be like, Oh, they -- this stays
16 in for this long and this stays in for this long. So when
17 they would -- somebody would test positive for something, I
18 could refer to that of how long it would be in the system.

19 Q. So when you said just a couple seconds ago that
20 you learned about how long drugs stay in the system in the
21 context of being instructed about how to conduct UAs, was
22 that accurate?

23 A. In knowing how to conduct UAs? Yes. Knowing
24 how long they stay in the system, I refer to the thing on the
25 wall.

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1 Q. Okay. Just strictly the thing on wall, then?

2 A. Yes.

3 Q. When you contacted Logan Clark on Monday, the
4 28th, did you use a cell phone to call him?

5 A. I don't know if I used my cell phone or the
6 jail phone.

7 Q. What do you typically use to call Logan?

8 A. When I'm in the office, I would typically use
9 the jail phone because service is pretty sparse in there for
10 a cell phone. If I text, of course, I then use the cell
11 phone. And I'll step -- when I step away from the office, it
12 goes through.

13 Q. Is that a personal phone, cell phone, that you
14 use? Or is it one that's issued by the jail?

15 A. It's a personal.

16 Q. What's your cell phone service provider?

17 A. Uhm, at that time?

18 Q. Yes.

19 A. It was Verizon.

20 Q. What was your phone number at the time?

21 A. (435) 671-0163.

22 MR. MYLAR: For the record, I want to keep that
23 phone number protected and mark that private --

24 MS. ABKE: Absolutely.

25 MR. MYLAR: -- in deposition, please.

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1 BY MS. ABKE:

2 Q. When you evaluated or when you took Madison's
3 blood pressure on Monday, the 28th, her blood pressure was
4 elevated. Correct?

5 A. Yes.

6 Q. Is that a known symptom of withdrawal from
7 opiates that you're aware of?

8 A. Uhm, not -- I don't know.

9 Q. You don't know? Okay.

10 A. At that time.

11 Q. Do you know now?

12 A. Uh-huh.

13 Q. Is that a yes?

14 A. Yes.

15 Q. Is that a symptom of withdrawal from opiates?

16 A. Not always but, yes, it can be.

17 Q. Can be.

18 After your call to Logan on November 28th, on
19 Monday, you never called him again regarding Madison Jensen.
20 Correct?

21 A. Correct.

22 Q. On Tuesday, the 29th, when you saw Madison for
23 the second time, how did she come to see you? I was a little
24 unclear because it said it was maybe a follow-up, but I
25 wasn't sure if that was something that you would say, Hey, I

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1 need to see her, please bring her here? Or where you would
2 go to see?

3 A. No. Liz Richens. Once again, Deputy Richens
4 brought her down to the med room.

5 Q. Before Deputy Richens brought her down to the
6 med room, did she say, Hey, I want you to see Madison again?

7 A. I think if I remember correctly, we had a
8 discussion about Madison.

9 Q. What do you remember about that discussion?

10 A. Just, you know, anything new, anything I need
11 to know, things along that line.

12 Q. What did Deputy Richens tell you?

13 A. I didn't get a report of anything different.

14 Q. She didn't report that any vomiting --

15 A. No.

16 Q. -- or continuation of symptoms?

17 A. No.

18 Q. So when -- so then did you have her, Deputy
19 Richens, bring Madison down?

20 A. Correct.

21 Q. How long did Madison come down to the med
22 room -- or how long was she there on Tuesday?

23 A. Five minutes, possibly. I don't recall for
24 sure.

25 Q. Did you ask her about her symptoms?

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1 A. Yes.

2 Q. Did you -- and you didn't take her vitals?

3 A. No.

4 Q. Did you ask her whether she was able to eat or
5 keep any food down at that point?

6 A. Yeah. She said that she -- I asked her more
7 specifically, not in regards to eating but to the Gatorade.
8 And she stated that she was doing fine with that, was able
9 to, uhm, keep that down. She felt that she was feeling
10 better. And I told her that we would continue to provide her
11 Gatorade.

12 MS. ABKE: We've been going for an hour. Does
13 anyone want a break?

14 MR. MYLAR: I could use a break. How about two
15 minutes?

16 MS. ABKE: Sure.

17 (Recess taken from 4:04 p.m. to 4:10 p.m.)

18 BY MS. ABKE:

19 Q. Let's talk about the circumstances of Madison
20 being moved from the general population to the court holding.
21 That was at your request, that move?

22 A. It was kind of a group decision.

23 Q. How did that come about?

24 A. Uhm, because I thought if she was actually
25 having diarrhea and vomiting, she -- if -- it would be a more

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1 comfortable place for her to save that. I -- you know, kind
2 of, Are you being truthful with me? Or are you not? And is
3 this something that we would encourage, you know, if you were
4 in here, it might be an easier place for you to save your
5 diarrhea or vomit for me to see, was kind of -- was my
6 thought process.

7 Q. Was this a discussion that you had at the time
8 you saw Madison on Tuesday?

9 A. I believe it happened later in the day.

10 Q. Do you know what time it happened?

11 A. I don't.

12 Q. Do you know where the conversation happened?

13 A. I believe the med room.

14 Q. So this was, again, a conversation with just
15 you and Deputy Richens?

16 A. Uhm, I don't know if it was just Deputy Richens
17 or I or if Sergeant Purdy was involved. I couldn't tell you.
18 But I know Richens and I was both.

19 Q. Did you call Deputy Richens or Sergeant Purdy
20 and say, Hey, I want to talk about her location and -- her
21 housing location in jail?

22 A. I don't know how the conversation came up. I
23 can't remember.

24 Q. So basically your first memory is just all of
25 you are there in the med room having this conversation?

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1 A. Correct.

2 Q. And you raised the concern that maybe it would
3 be better to have her in court holding in the event that she
4 is having symptoms of vomiting and diarrhea?

5 A. (No oral response.)

6 Q. Yes?

7 A. Correct.

8 Q. Did Deputy Richens say anything?

9 A. I mean, I'm sure she agreed with me.

10 Q. Well, you said it was kind of a group
11 discussion --

12 A. Yeah, I mean --

13 Q. -- so I assume someone else said something?

14 A. -- like a group idea. I, you know, present it,
15 and then we all agree to it type thing. And, uhm, so like I
16 said, I don't know exactly what was said from anyone else's
17 part. But obviously they agreed, and the inmate was moved.

18 Q. Are you allowed to authorize moving an inmate
19 or does, like, another person in the jail, like maybe a
20 sergeant or a commander or something that, have to make that
21 approval?

22 A. They have to make that approval. I just can't
23 say, Move them. Because I don't know what the whole
24 situation is with other inmates in certain areas.

25 Q. That's what I was assuming.

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1 A. Yeah.

2 Q. So you expressed your sort of opinion --

3 A. Uh-huh.

4 Q. -- that maybe it would be a good idea to move
5 Madison. Yes?

6 A. Yes.

7 Q. And then that was communicated to Deputy
8 Richens?

9 A. I believe Deputy Richens was there. Like I
10 said, it was a discussion. I'm not sure how it all came
11 about. But that was the final contribution.

12 Q. So you didn't direct anyone to say, Hey, take
13 this for approval with whomever needs to approve this?

14 A. I believe that's where Sergeant Purdy came in.

15 Q. Did she physically come into the med room?

16 A. I don't know. Like I said, I honestly cannot
17 remember, but I don't know if Liz then -- or, excuse me,
18 Deputy Richens then went down and discussed with her
19 corporal. I can't say what she did. So I can only confirm
20 with -- with that conversation I was involved in.

21 Q. Did you see Madison after she was moved to
22 court holding on Tuesday?

23 A. No.

24 Q. When you were testifying earlier today about
25 policies, about jail policies and things like that, and you

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1 said no, there's not a policy sometimes or, yes, there is a
2 policy, have you ever read, personally read, the jail
3 policies?

4 A. No.

5 Q. So when you said earlier that there's not a
6 policy about something or there is a policy, is that based on
7 your general understanding?

8 A. My, uhm -- when you were talking about policies
9 of opiate watch, if that's what you're talking about, that
10 would --

11 Q. There's been -- we've talked about all kinds of
12 policies.

13 A. I know, that's what I'm saying. In regards to
14 something like that, that would actually be brought in by PA
15 Logan and Dr. Tubbs. What the jail standards and policy are
16 is something different. You know, that policy of an opiate
17 watch and an alcohol withdrawal would be brought in, approved
18 by the jail commander, and then implemented. Did that answer
19 your question?

20 Q. Not really.

21 A. Sorry.

22 Q. So I'm just asking whether -- if you've never
23 physically read the policies, you've never personally taken
24 those policies in your hand and read them line by line, do
25 you actually know what jail policies say as you sit here

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1 today?

2 A. No.

3 Q. Okay.

4 So when did you tell Madison to fill out the
5 medical request form?

6 A. It would have been taken by a deputy after she
7 was moved to court holding and filled out. So it was
8 sometime after she was moved to court holding or on
9 Wednesday.

10 Q. Did you tell Madison personally to fill it out?

11 A. I told Madison on Tuesday that I would like her
12 to put in a request. And on -- you know, it wasn't there. I
13 had also told her on Monday. It was not on the kiosk to
14 print up so, therefore, I knew she hadn't.

15 So that's when I -- we moved her to court
16 holding. I handed her the -- the handwritten where she would
17 handwrite. Handed it to the deputy and said, See if Madison
18 will fill this out for a doctor's request. And a lot of the
19 times, I tell them it would create a paper trail in the
20 medical chart.

21 Q. You just told me that you did not see Madison
22 after she --

23 A. A deputy took --

24 Q. -- was moved to court -- wait, let me finish.

25 A. Sorry.

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1 Q. You just told me that you did not see Madison
2 after she was moved to court holding?

3 A. Correct.

4 Q. So how did you see her in court holding and
5 hand her the medical request form?

6 A. Deputy took it from my med room to them. I
7 gave it to the deputy, told them to have Madison fill it out.

8 Q. Okay. So you did not personally hand it to --

9 A. Correct.

10 Q. -- Madison?

11 How many times did you personally give Madison
12 a Gatorade? That you -- that you actually remember?

13 A. That I actually remember? Twice.

14 Q. And were those both times when she was in the
15 med room?

16 A. No. The med room Monday morning and Wednesday
17 afternoon. I forgot to give her one on Tuesday; that is when
18 I believe it was Sergeant Purdy came in and asked, and I
19 said, Yes, take one down to her; I forgot to give it to her.

20 Q. If the inmate intake questionnaire form had
21 been placed in your in-box when she was -- when Madison was
22 booked in on Sunday, would you have reviewed it?

23 A. Yes.

24 Q. Would you have reviewed it on Monday when you
25 came in?

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1 A. Correct.

2 Q. Would you have called Logan and reported that
3 we have an inmate who is reporting symptoms of withdrawal?

4 A. I would have talked to the inmate first.

5 Q. Before calling?

6 A. Uh-huh.

7 Q. Is that a yes?

8 A. Correct.

9 Q. All right. So the Wednesday, I just want to
10 clear up a couple things about the Wednesday interaction. I
11 wrote down that you walked to her cell in the afternoon at
12 four. You gave her a Gatorade, and you asked if she could --
13 if you could do anything else for her, and she said no?

14 A. Correct.

15 Q. That's the extent of your interaction that day?

16 A. To the best of my knowledge, yes.

17 Q. You didn't ask her if she was still vomiting?

18 A. Correct.

19 Q. You didn't ask if she were able to eat or
20 drink?

21 A. Correct.

22 Q. You didn't ask if she had diarrhea?

23 A. Correct.

24 Q. Is there a reason why you didn't ask?

25 A. Because she had denied it. And I wasn't

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1 getting report that she had been.

2 Q. Well, at that point, you had gotten her medical
3 request form, right, and you read it?

4 A. (No oral response.)

5 Q. Yes?

6 A. Correct.

7 Q. So I don't understand why you didn't ask if you
8 got that symptom report.

9 A. I think I explained this in one of my
10 testimonies earlier. She had denied two days adamantly that
11 she did not have this. So then I get the report that she is;
12 yet, I have instructed her to save her vomit and diarrhea for
13 me to see, and she hadn't. So I had no reason to believe
14 that she was experiencing this, and that the report would be
15 same as the previous two days.

16 Q. You had no reason to believe other than that,
17 her medical request form. Right?

18 A. Correct.

19 Q. When Logan came in on Thursday to see inmates,
20 the inmates that he's going to see for the day are brought to
21 the med room. Correct?

22 A. Most of them. Not all, no.

23 Q. Which ones are not brought to the med room?

24 A. The ones that are in court holding, iso and
25 booking -- isolation and booking.

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1 Q. So does Logan always see the patients who are
2 not in -- who are in general population first? Or does it
3 just depend?

4 A. Generally, he always sees them first.

5 Q. Is that --

6 MR. MYLAR: I'm just going to object. I think
7 these were already asked.

8 MS. ABKE: Okay. I'm just -- I was just
9 clarifying because I'm just making sure I have this stuff
10 down.

11 BY MS. ABKE:

12 Q. Does Logan have keys to the court-holding cell?

13 A. No.

14 Q. How do you know that Logan saw the medical
15 request forms on Thursday morning when he came in?

16 A. I gave them to him.

17 Q. So did you physically sit there while he went
18 through them?

19 A. Yes.

20 Q. Did you talk about any of the forms?

21 A. I'm sure we did. We always do.

22 Q. Do you remember having a conversation on that
23 December 1st?

24 A. Yes.

25 Q. Well, what do you remember?

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1 A. That we talked about inmates. And I
2 specifically remember talking about Madison, that we -- she
3 was now in court holding, that she was denying seeing him,
4 but I had her fill out this medical request anyway. And she
5 was the one that I had talked to him previously about on the
6 medications, and that we would need to see her.

7 Q. Do you remember when during -- when you had
8 that conversation? I mean, is that just first thing when he
9 comes in?

10 A. Yes.

11 Q. Okay.

12 Do you remember what the -- if Logan said
13 anything in response to you when you explained what was going
14 on with Madison?

15 A. I do know he responded. I cannot remember to
16 what it was.

17 Q. So your memory is pretty much limited to what
18 you said to him on that day on December 1st?

19 A. (No oral response.)

20 Q. Yes?

21 A. Yes.

22 Q. What information is typically in a patient's
23 medical file? Are there certain documents that always go in
24 there?

25 A. Uhm, Logan's notes that he's dictated. Their

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1 medical requests, their medication sheets. Any documents
2 that -- if we have medical releases. Anything from a
3 doctor's office that has been faxed in.

4 Q. How about their medical intake questionnaire?

5 A. If I have them, I'll put them in the file.

6 Q. So you don't go in and try to print those out
7 and put those in the file?

8 A. No.

9 Q. Why not?

10 A. Well, first off, I don't know all the inmates
11 that come in. And then once they come in, we've already
12 addressed the inmate and talked to them.

13 Q. If you're --

14 A. I have, so...

15 Q. If you're preparing an inmate medical file
16 because you received a medical request, then you could go in
17 and grab that -- you can go in the computer system and grab
18 that intake form. Right?

19 A. Yes, I could.

20 Q. But that's not something that you typically do?

21 A. Correct.

22 MS. ABKE: I think I'm almost done. I just
23 want to look at this one last thing.

24 Okay. That's all the questions I have. Thank
25 you.

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(Off-the-record discussion)

E X A M I N A T I O N

BY MR. HOMER:

Q. So I just have a few follow-up questions, and that's all. You were asked by counsel for Logan Clark whether you are familiar with all of the written policies and procedures of the jail, and you said no. Right?

A. No.

Q. So I just want to confirm that you're not aware of any policy and procedure that was in effect in November, December 2016 that specifically addressed diarrhea or vomiting or things like that?

A. Correct.

Q. You're not aware of anything like that. Right?

A. Correct.

Q. Okay. Then I'd like you to look at Exhibits 39 and 13.

MR. HOMER: Does she have those?

MR. MYLAR: Which one first?

MR. HOMER: Yeah. Just pull them both out. I'm just trying to figure something out here.

THE WITNESS: Did you say 39?

MR. HOMER: Yes.

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1 MR. MYLAR: It should look like the opiate
2 policy. You pulled that out, didn't you?

3 THE WITNESS: So that's 38, 40.

4 MR. HANCEY: I pulled out 39 and 13.

5 MR. HOMER: That's what I thought.

6 THE WITNESS: There's 34, there's 6.

7 MR. HOMER: Ryan, you pulled that out.

8 MR. HANCEY: I pulled out 39 and 40.

9 THE WITNESS: 3, 2, 37, 11, 5, 14, 4, if I --
10 if I talk loud, 10. Excuse me, I've got a chocolate. 22, 25
11 and 31.

12 MR. HOMER: So you're missing which one?

13 THE WITNESS: 39.

14 MR. HOMER: I'll just pull out my copy.

15 (Off-the-record discussion)

16 BY MR. HOMER:

17 Q. Let's start with 39. Okay?

18 A. Okay.

19 Q. That appears to have been produced by Logan
20 Clark. Do you see down at the bottom, the Bates stamp?

21 A. Correct.

22 Q. Have you seen that document before?

23 A. Yes.

24 Q. When did you see it?

25 A. Uhm, to the best my knowledge, the first time I

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1 saw this document would have been in January of 2017.

2 Q. Okay. So is it -- do you remember who showed
3 it to you?

4 A. It would have been PA Logan Clark.

5 Q. Did Mr. Clark actually pull it out and give you
6 a copy of it? Or how did you receive it?

7 A. Uhm, generally, when he brings something to the
8 jail, he brings me the copy to have.

9 Q. Okay. All right.

10 A. Correct.

11 Q. And then look at the 13, which has the same
12 heading but appears to be a little bit different document.
13 Would you agree with that?

14 A. Yes.

15 Q. Can you -- do you have any information or
16 knowledge concerning which document was prepared before the
17 other? In other words, was 13 prepared after 39 or do you
18 know?

19 A. I don't know.

20 Q. Okay. Look at 39, at the outline there. It
21 says nurse or officers -- well, let me back up.

22 Did Mr. Clark indicate he had prepared this?

23 A. I don't know where he got this from. I don't
24 know if he prepared or if it was something that had been in
25 practice somewhere else or he found. I don't know.

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1 Q. All right. Had anybody in the jail at that
2 point received a copy to the best of your knowledge?

3 A. No.

4 Q. And then you look at 13. And I don't know the
5 answer to this. This appears to have been produced by the
6 Uintah County Sheriff. Do you see that down there?

7 A. Yes.

8 Q. Do you have any knowledge concerning that, the
9 copy they had in their possession at the time that they
10 produced it?

11 A. No.

12 Q. Okay. And at the bottom of that exhibit, see
13 where it says "without prior" and then it just -- there's
14 nothing? Do you know if there's a second page to this
15 document?

16 A. No idea.

17 Q. Do you have either of these two documents in
18 your personal possession at this time?

19 A. No.

20 Q. Did you have anything like this, either one of
21 these documents, that you gave to counsel to produce in
22 response to request for production of documents?

23 A. Uhm, I believe I obtained one from the jail
24 when he asked for what he wanted. But I can't remember what
25 all I -- I got from that.

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1 Q. Okay.

2 MR. HOMER: All right. That's all I have.

3 MR. MYLAR: I just have a couple of follow-ups.

4 MR. HANCEY: And I do, too, but I have like six
5 questions, so -- and I can do it from here or whatever.

6 MR. HOMER: Go ahead.

7 (Off-the-record discussion)

8
9 E X A M I N A T I O N

10
11 BY MR. MYLAR:

12 Q. Prior to December 1st of 2016, had you ever
13 heard of an inmate dying from heroin while they were
14 detoxing?

15 A. No.

16 Q. All right. Had you ever heard of an inmate
17 dying because of dehydration as a result of using heroin?

18 A. No.

19 Q. If you ever thought that an inmate needed
20 urgent or emergency medical care at the jail, what would you
21 do?

22 A. I would contact PA Logan Clark or call an
23 ambulance.

24 Q. Okay. So you could call an ambulance if you
25 needed to?

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1 A. Correct.

2 Q. Did you ever think during the time Madison was
3 in the jail that there was ever emergent or urgent medical
4 condition for her?

5 A. No.

6 Q. Is that based upon your observations and your
7 discussions with her?

8 A. Correct.

9 Q. Did you ever observe Madison shaking while she
10 was at the jail?

11 A. No.

12 Q. Did you ever observe Madison sweating while she
13 was at the jail?

14 A. No.

15 Q. When you met with her in the medical area on
16 Monday or Tuesday, did she appear to you to be somebody that
17 was currently affected by heroin or in her system?

18 A. She didn't exhibit any signs while she was in
19 the med room.

20 Q. All right. And did she appear to be detoxing
21 from heroin when she -- when you were meeting with her in the
22 medical room?

23 A. No.

24 Q. Did you ever know -- when Madison was in the
25 jail and when you were there, were you ever aware of any

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1 urgent or emergency situations with respect to her vomiting,
2 diarrhea or dehydration?

3 A. No.

4 Q. As far as you know, was she drinking the
5 Gatorade every time that was given to her?

6 A. Yes.

7 Q. Did you believe that would be sufficient for
8 her hydration?

9 A. Yeah. She was getting two and three a day
10 along with the access to the water she had in her cell.

11 Q. At one point, I think it was Wednesday, when
12 plaintiff's counsel was asking you questions, I think you
13 said that you saw bottles of Gatorade, empty bottles, in the
14 cell. Is that correct?

15 A. Correct.

16 Q. That was on Wednesday, when you last saw her
17 Wednesday afternoon?

18 A. Wednesday afternoon.

19 Q. You also, I think, when plaintiff's counsel was
20 asking you questions, I think you said you took some vital
21 signs also on Tuesday, but that they were normal. Is that
22 correct?

23 A. I'm sorry. I did. When -- I can't remember --
24 Kat asked me that question. Uhm, I did take vital signs on
25 Tuesday, but they were normal and not recorded.

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1 Q. Okay. So you didn't report them because they
2 were normal?

3 A. Correct.

4 Q. I think you had also said to plaintiff's
5 counsel because she was on the blood pressure medication?

6 A. Correct.

7 Q. So did you just presume that the blood pressure
8 medication was working at that time? Or what was your
9 thinking?

10 A. Correct. Also at one -- I had advised Madison
11 Tuesday morning that if she felt she needed her blood
12 pressure checked at any time, I would be glad to do that.
13 But as of at that point, they were normal.

14 Q. All right. And you had said a couple times
15 that Madison had emphatically said to you that she was not
16 withdrawing from heroin; I know my body. Had you ever had
17 another inmate ever say that emphatically to you?

18 A. No. They all want help.

19 Q. Did you believe that she was withdrawing from
20 heroin when she said that emphatically?

21 A. No.

22 Q. You said that if there was an emergency
23 situation, that you would call the ambulance. Do you know,
24 based upon your experience, do other corrections officers
25 also have the ability to call an ambulance if they believe

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1 there's an urgent or emergent medical condition of the
2 inmate?

3 A. Absolutely.

4 Q. Has that been done in the past?

5 A. Yes.

6 Q. Have you done that in the past?

7 A. Yes.

8 Q. When you saw her on Wednesday, you said that
9 she looked to not have deteriorated from when you saw her
10 Monday and Tuesday. What did you observe? Did you see her
11 move? What was the circumstances?

12 A. When I knocked on her door, she got up from the
13 position that she was in over there, walked to the door,
14 ambulated fine. Took the Gatorade from me. Re -- you know,
15 denied me needing to give her anything else that day. And
16 then she ambulated back to her -- walked back to her, uhm,
17 area where she sat down.

18 Q. Did she speak fluently and well?

19 A. Yes.

20 Q. Did she move normally? Was she limping or was
21 she moving normally?

22 A. It was moving normally.

23 Q. So she wasn't dragging or anything like that?

24 A. No.

25 Q. Wasn't saying, I can't get up?

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1 A. Correct.

2 Q. She never asked for help getting up?

3 A. Correct.

4 Q. All right.

5 MR. MYLAR: Just one second.

6 (Off-the-record discussion between Mr. Mylar
7 and Mr. Jared Rigby.)

8 MR. MYLAR: I have no further questions.

9 MR. HANCEY: I have just a few more.

10

11 FURTHER EXAMINATION

12

13 BY MR. HANCEY:

14 Q. Let me direct your attention to Exhibit No. 17,
15 if you would.

16 THE WITNESS: Which one is this?

17 MR. MYLAR: This one. The transcript. It
18 should be in order. Actually, these are in order.

19 MR. HANCEY: It's the interview of Deputy
20 Richens.

21 MR. MYLAR: It's not there.

22 THE WITNESS: I go from 14 to 22. This does
23 not look like anything I've seen.

24 MR. MYLAR: I wonder, was this marked? Did you
25 mark as an exhibit?

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1 THE WITNESS: I don't remember that.

2 (Off-the-record discussion)

3 (Whereupon, Exhibit No. 17 was marked for
4 identification.)

5 MR. MYLAR: What page?

6 MR. HANCEY: Page 16. Bates 165.

7 MR. MYLAR: This is No. 16.

8 THE WITNESS: Okay.

9 BY MR. HANCEY:

10 Q. This is the Liz Richens interview. I want to
11 direct your attention, there are line numbers on the
12 left-hand column there, to Line 418. Okay? And there,
13 Deputy Richens says, From watching her you know, because she
14 came in normal, just whatever, you know Monday, yes, she was
15 throwing up. Tuesday, she changed quite a bit.

16 Was that consistent with your observations?

17 A. No.

18 Q. Going down further in the page, on -- starting
19 on Line 424, Richens says this: She just seemed um, because
20 she didn't have any struggles coming in you know. She was
21 walking doing her thing with us, just her color seemed fine
22 um, and then Monday, you know, she seemed doing something,
23 and then Tuesday it was just like, oh, she doesn't look good.
24 Like she was losing her color, she, just seemed, she looked
25 really weak. And so I just, you know, I told Jana I was just

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1 like, you know, She's throwing up a lot. So because every
2 time I go do a section, I look in her cell, and she's just
3 lying in bed. She just hasn't really got up.

4 Then she says on 431, "She wouldn't eat." And
5 on Line 433, she says, "So, Jana she just said okay."

6 Do you agree with Deputy Richens's account that
7 I just read to you?

8 A. I can't agree to what Richens saw or what she
9 speculates.

10 Q. Well, then let's take it a piece at a time. Do
11 you agree with Deputy Richens that the difference in
12 Madison's appearance from Monday to Tuesday changed from she
13 looked okay to she was losing her color and looked really
14 weak --

15 A. No.

16 Q. -- do you agree with that?

17 A. No.

18 Q. Do you agree with Deputy Richens that she told
19 you that Madison's throwing up a lot, every time she looks in
20 her cell, she's just lying in bed, she hasn't gotten up, she
21 wouldn't eat, and you responded just okay? Do you agree with
22 that?

23 A. No.

24 Q. Let me have you look at Page 13 of that same
25 exhibit. On Line 331, Deputy Richens is talking about the

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1 Tuesday meeting in your office with Madison. And she says,
2 "I noticed that she," meaning Madison, "looked weaker on
3 Tuesday. She had a hard time walking, walking back, because
4 I ended up walking her back to her cell."

5 Is that something that you observed?

6 A. No.

7 Q. Did Deputy Richens ever report something like
8 that happening to you?

9 A. No.

10 MR. HOMER: Ryan, where are we at? Which page?

11 MR. MYLAR: Page 13.

12 MR. HANCEY: That was on Page 13, Lines 331 and
13 332.

14 MR. HOMER: Thank you.

15 BY MR. HANCEY:

16 Q. Now let me have you look at Exhibit 14, if you
17 would. This is the Logan Clark transcript. Look at Bates
18 No. 49 on that. In the last big paragraph on that page,
19 Logan Clark says that at any given time, there's probably
20 five or six people withdrawing from something at Duchesne.

21 Do you agree or disagree with that statement?

22 (Whereupon, Ms. Heather Jensen left the
23 deposition proceedings.)

24 BY MR. HANCEY:

25 Q. As of November 2016?

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1 A. I would disagree.

2 Q. Why you disagree? Do you think there's less or
3 more?

4 A. I would say less.

5 Q. Do you agree with Logan Clark, though, that the
6 occurrence of multiple withdrawing people at any given time
7 at the facility is true or false?

8 A. True.

9 Q. And do those people that are withdrawing from
10 something at any given time exhibit symptoms that include
11 vomiting and diarrhea?

12 A. Yes.

13 Q. Now, we've looked at Exhibit No. 3 -- sorry,
14 we've looked at Exhibits No. 2 and 3. And if you'll recall,
15 on the prebooking form, which you've told me you never saw,
16 an inmate was asked the question, are you under the influence
17 or going through withdrawals from drugs or alcohol, and that
18 would be marked yes or no. Right?

19 MR. MYLAR: Objection. I don't think it was
20 established this prebooking form was asked to an inmate. I
21 think it was prebooking at that time.

22 MR. HANCEY: All right. Okay.

23 BY MR. HANCEY:

24 Q. To somebody that was going to be booked into
25 jail. Do you understand my question?

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1 A. Yes.

2 (Whereupon, Ms. Heather Jensen returned to the
3 deposition proceedings.)

4 BY MR. HANCEY:

5 Q. Okay. That's a question that new inmates are
6 asked upon booking. Right?

7 A. I -- I believe that this is asked before they
8 are booked in by their arresting officer. I don't know if
9 it's completed in their vehicle or -- I have never seen this
10 filled out in our facility.

11 Q. Okay. But it is your understanding that this
12 is a question that the officer would ask of Madison and then
13 record the potential inmate's response. Right?

14 A. It is now that I've seen this.

15 Q. Okay. And then on Exhibit No. 3, which is the
16 medical intake form, your understanding is that this is a
17 form, a series of questions, that is asked of an inmate when
18 they're booked into jail?

19 A. Correct.

20 Q. And again, one of the questions that is asked
21 is are you having any withdrawals from drugs or alcohol, yes
22 or no. Right?

23 A. Correct.

24 Q. Okay. As of November of 2016, would you expect
25 a booking officer who had asked an inmate this question, are

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1 you having any withdrawals from drugs or alcohol, and the
2 answer was yes, to communicate that information to you?

3 A. Yes.

4 Q. Do you think it was important information for
5 you to know in November of 2016?

6 A. Yes.

7 Q. Because when you were being questioned by Kat a
8 few minutes ago, you told her that it was important for you
9 to hear an admission from the inmate themselves, an
10 admission, so to speak, as to whether or not they had been on
11 drugs or were withdrawing. Right?

12 A. Correct.

13 Q. If you heard that statement from their own
14 mouth, you would give that some weight and credence and then
15 act accordingly, perhaps by contacting PA Logan Clark. Is
16 that true?

17 A. Correct.

18 Q. So we have here an instance where it looks like
19 Madison communicated that very response that you think is so
20 important to somebody at the jail. Your testimony is that
21 wasn't ever communicated to you. Is that right?

22 A. Correct.

23 Q. Do you know if any policies were in place as of
24 November 2016 that dictated whether or not the information
25 contained in a medical intake form should be communicated to

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1 you as the nurse?

2 A. I have no knowledge of that.

3 Q. Were you ever given that advice or counsel by
4 anybody at the jail?

5 A. Not that I recall.

6 Q. When Kat was questioning you, you were asked a
7 series of questions about how an officer who observed
8 something like vomiting or diarrhea, or perhaps something
9 that would warrant your attention, would communicate that
10 information to you. Do you remember being asked about that?

11 A. Yes.

12 Q. Okay. And you said sometimes they'll stick a
13 Post-it on your desk?

14 A. Correct.

15 Q. Sometimes they'll come into your office and
16 tell you in person?

17 A. Correct.

18 Q. Are there any other ways that they might
19 communicate such information to you?

20 A. If I were to see them, they might verbally.

21 Q. Outside of the office?

22 A. Outside of the med room but inside the
23 facility, correct.

24 Q. My question to you is, at any point in time
25 during Madison's incarceration, did any correctional officer

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1 at the jail communicate to you anything that you would expect
2 to find in a officer-initiated medical request? Does that
3 make sense to you?

4 A. Rephrase that.

5 Q. Let me ask it again.

6 A. Yeah.

7 Q. Strike that question.

8 Do I correctly understand that, in some
9 instances, an inmate can fill out a medical request form but,
10 in others, an officer who sees something can also fill one
11 out and give that to you?

12 A. That's incorrect.

13 Q. Okay. It's always done by an inmate?

14 A. Correct.

15 Q. What do you call a communication from a
16 corrections officer to you along the lines of what might be
17 put in a Post-it or told to you in person concerning medical
18 care? What would you call that?

19 A. Well, if they talk to me verbally, it's a
20 verbal. If they write something down, then it's a written
21 note.

22 Q. But in either instance, you would agree with me
23 that it's an officer telling you that an inmate needs medical
24 care. Correct?

25 A. Correct.

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1 Q. Okay. So at any time during Madison's
2 incarceration, prior to her passing away, did any
3 correctional officer communicate to you that Madison needed
4 medical assistance?

5 A. No.

6 Q. That she had any medical needs that were out of
7 the ordinary?

8 A. No.

9 Q. That Madison was vomiting, outside of Monday?

10 A. Outside of when I spoke with Madison on Monday
11 and she told me about Sunday?

12 Q. Right.

13 A. No.

14 Q. That there was diarrhea in her toilet?

15 A. No.

16 Q. That there was vomit on her blankets, her
17 bedding or her roommate's bedding?

18 A. No.

19 Q. That there was vomit on the walls?

20 A. No.

21 Q. There was vomit on the floor?

22 A. No.

23 Q. That she hadn't been eating?

24 A. No.

25 Q. On Monday during your meeting with Madison when

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1 you learned that she had gone to the hospital the Thursday
2 before to get her medical prescriptions. Right?

3 A. Correct.

4 Q. Did you ask Madison on that occasion why she
5 had gone to the hospital?

6 A. Uhm, she, uhm, told me that her medication -- I
7 verified medications were from a doctor at UVMC. So, uhm, I
8 didn't verify why Madison was there. I just verified what
9 the medications were for.

10 Q. I understand that that's what happened in your
11 phone call to the hospital.

12 A. Okay.

13 Q. My question is, do you remember whether or not
14 you asked Madison at that time why she had gone to the
15 hospital on Thursday?

16 A. I don't remember.

17 Q. In questioning by Kat, you mentioned that the
18 opiate withdrawal policy that you first saw in January 2017
19 would be something that would be initiated by Dr. Tubbs's
20 office and then brought to you at the jail. Do you remember
21 saying that?

22 A. "Initiated," you mean when we instituted it?

23 Q. Yes.

24 A. Yes.

25 Q. Is it your understanding that because you're an

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1 LPN, you can't come up with an opiate withdrawal policy on
2 your own?

3 A. Correct.

4 Q. Is that your understanding as to why there
5 wasn't one in place in November of 2016?

6 MR. MYLAR: Objection. Calls for speculation.

7 BY MR. HANCEY:

8 Q. If you know.

9 MR. MYLAR: And lack of foundation.

10 Go ahead.

11 BY MR. HANCEY:

12 Q. Do you know?

13 A. No.

14 Q. You don't know?

15 A. I can't create protocols.

16 Q. No civilian can. Right?

17 MR. MYLAR: Objection. Lack of foundation.

18 THE WITNESS: I -- I have no knowledge if what
19 a -- if a civilian can or not.

20 MR. HANCEY: All right. One more question or
21 two.

22 MR. MYLAR: I'm going to hold you to that.

23 BY MR. HANCEY:

24 Q. You've testified that if a correctional officer
25 observes a medical emergency or something that they think

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1 might warrant care of some kind, they have the ability on
2 their own, without you being there, to contact an ambulance
3 or a hospital. Is that right?

4 A. Correct.

5 Q. They can also call PA Logan or Dr. Tubbs?

6 A. Correct.

7 Q. There is a report or a statement in this case
8 from Caleb Bird. Do you know who he is?

9 A. Yes.

10 Q. He's a deputy at the jail. Right?

11 A. Correct.

12 Q. He states, essentially, that he saw Madison on
13 Wednesday, November 30th; he was down there to give her her
14 medication. Right? Do you know that?

15 A. I believe he's the one that took them down
16 there.

17 Q. Okay. And in his report, he says that after
18 his encounter with her, he went home and told his wife that
19 he thought Madison was dying. Under a circumstance like
20 that, if true, would you expect a correctional officer to
21 contact an ambulance --

22 MR. MYLAR: Objection.

23 BY MR. HANCEY:

24 Q. -- in November of 2016?

25 MR. MYLAR: Objection. Calls for speculation

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1 and also lack of foundation.

2 MR. HOMER: Same objection.

3 MR. HANCEY: You can answer.

4 THE WITNESS: Uhm, I would believe that if
5 Officer Bird really believed that, he would have called an
6 ambulance. However, he later stated in my criminal case that
7 that was figure of speech and do -- that he did not mean it
8 literally.

9 Q. If you observed medical conditions in November
10 of 2016 that made you think this person is dying, what would
11 you have done?

12 A. If I thought they were dying, I would have
13 called an ambulance.

14 MR. HANCEY: I don't have any other questions.
15 Thank you.

16 MR. MYLAR: You done?

17 MS. ABKE: No follow-up.

18 MR. HOMER: Nothing further.

19 MR. MYLAR: My client wants to review and sign
20 the deposition also.

21 (Deposition concluded at 4:57 p.m.)

22 * * *

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C E R T I F I C A T E

STATE OF _____)
: ss.
COUNTY OF _____)

I HEREBY CERTIFY that I have read the foregoing testimony consisting of 230 pages, numbered from 4 through 233, inclusive, and the same is a true and correct transcription of said testimony with the exception of the corrections I have listed below in ink, giving my reasons therefor.

1.	Page _____	Line _____	Correction _____
	Reason _____		
2.	Page _____	Line _____	Correction _____
	Reason _____		
3.	Page _____	Line _____	Correction _____
	Reason _____		
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JANA D. CLYDE

SUBSCRIBED AND SWORN to at _____,
this _____ day of _____, 20____.

NOTARY PUBLIC

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C E R T I F I C A T E

STATE OF UTAH)
 :
COUNTY OF SALT LAKE)

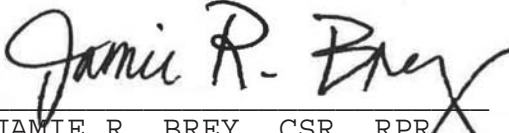
THIS IS TO CERTIFY that the deposition of
JANA D. CLYDE, the witness in the foregoing deposition named,
was taken before me, JAMIE R. BREY, a Certified Shorthand
Reporter and Registered Professional Reporter in and for the
State of Utah, residing at Salt Lake City, Utah.

That the said witness was by me, before
examination, duly sworn to testify the truth, the whole truth
and nothing but the truth in said cause.

That the testimony of said witness was reported
by me in Stenotype and thereafter caused by me to be
transcribed into typewriting, and that a full, true and
correct transcription of said testimony so taken and
transcribed is set forth in the foregoing pages numbered from
4 through 233, inclusive, and said witness deposed and said
as in the foregoing annexed deposition.

I further certify that I am not of kin or
otherwise associated with any of the parties to said cause of
action, and that I am not interested in the events thereof.

WITNESS MY HAND at Salt Lake City, Utah, this
19th day of June, 2018.



JAMIE R. BREY, CSR, RPR
Utah license No. 361682

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